

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000087210 (9)**

1. Corporation Name

THE NETWORK CORPORATION OF JACKSONVILLE



Principal Place of Business

**7785 BAYMEADOWS WAY
STE. 308
JACKSONVILLE FL 32256
US**

Mailing Address

**7785 BAYMEADOWS WAY
STE. 308
JACKSONVILLE FL 32256
US**

3. Date Incorporated or Qualified
12/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **4190 Belfort Rd.**

26 **P. O. Box 56350**

4. FEI Number
59-3217865

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 475**

27

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

City & State

23 **Jacksonville, FL**

28 **Jacksonville, FL**

Zip Country
24 **32216** 25 **US**

Zip Country
29 **32241-6350** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEFFEY, FRED H
6620 SOUTHPOINT DRIVE SOUTH
STE. 300
JACKSONVILLE FL 32216**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCAS
BOWER, E.B.
7785 BAYMEADOWS WAY, STE. 308
JACKSONVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
MCGRUFF, W.A. III
7785 BAYMEADOWS WAY, STE. 308
JACKSONVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SHERRER, LINDA H.
100 TWELVE OAKS LANE
JACKSONVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SHAMBLIN, DONALD A.
586 ROCKINGHAM RD
ORANGE PARK FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KAISER, SELBY
106 CYPRESS LANDING
JACKSONVILLE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**V
Dandy, K. Amanda
23 Walkers Ridge Dr.
Jacksonville, FL 32082** ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**V
Ireland, Susan
7352 Sandy Bluff Dr.
Jacksonville, FL 32211** ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**V
Richie, Audrey
1136 Cathcart St.
Jacksonville, FL 32211** ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**V
Marvin, Margaret Y.
4261 Pawnee Street
Jacksonville, FL 32210** ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**DCAS
Bower, E. Bruce
4190 Belfort Rd., Suite 475
Jacksonville, FL 32216** ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**DPS
McGriff, W. A. III
4190 Belfort Rd., Suite 475
Jacksonville, FL 32216** ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

W. A. McGriff, III

4/24/96

(904) 296-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)