FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Apr 18 1997 8:00am
Secretary of State

DOCUMENT # **P93000087210 (9)**

1. Corporation Name
THE NETWORK CORPORATION OF JACKSONVILLE

Principal Place of Business	Mailing Address
4190 BELFORT RD. SUITE 475 JACKSONVILLE FL 32216 US	P.O. BOX 56350 JACKSONVILLE FL 32241-6350 US

3. Date Incorporated or Qualified: 12/15/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business		2a. Mailing Address	
21		26	4190 Belfort Road
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	Suite 475
City & State		City & State	
23		28	Jacksonville, FL
Zip / Country		Zip / Country	
24 / 25		29 / 30	32216 / US

4. FEI Number: 59-3217865 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEFFEY, FRED H 8620 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCAS	☐ DELETE	1.1 TITLE	DCAS	☒ Change ☐ Addition
NAME	BOWER, E.B.		1.2 NAME	Bower, E. Bruce	
STREET ADDRESS	7785 BAYMEADOWS WAY, STE. 308		1.3 STREET ADDRESS	4190 Belfort Road, Suite 475	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	DPS	☐ DELETE	2.1 TITLE	DPS	☒ Change ☐ Addition
NAME	MCGRIFF, W.A. III		2.2 NAME	McGriff, W.A. III	
STREET ADDRESS	7785 BAYMEADOWS WAY, STE. 308		2.3 STREET ADDRESS	4190 Belfort Road, Suite 475	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	V	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	SHERRER, LINDA H.		3.2 NAME	Sherrer, Linda H.	
STREET ADDRESS	100 TWELVE OAKS LANE		3.3 STREET ADDRESS	100 Twelve Oaks Lane	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARVIN, MARGARET Y		4.2 NAME		
STREET ADDRESS	4261 PAWNEE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	KAISER, SELBY		5.2 NAME	Kaiser, Selby	
STREET ADDRESS	106 CYPRESS LANDING		5.3 STREET ADDRESS	106 Cypress Landing	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32259	
TITLE	DPS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCGRIFF, W. A. I		6.2 NAME		
STREET ADDRESS	4190 BELFORT RD., SUITE 475		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 4/14/97 904-296-6400

April 14, 1997

THE NETWORK CORPORATION OF JACKSONVILLE
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CONTINUATION OF BLOCK 12 OFFICERS AND DIRECTORS

Title V
Name Dandy, K. Amanda
Street Address 23 Walkers Ridge Drive
City-ST-Zip Ponte Vedra Beach, FL 32082

Title V
Name Richie, Audrey
Street Address 12644 Shinnecock Way
City-ST-Zip Jacksonville, FL 32225

Title V
Name Harvey, Mary Teresa
Street Address 2655 Eagle Bay Drive
City-ST-Zip Orange Park, FL 32073

Title V
Name Forman, Robert E.
Street Address 10205 Vineyard Lake Road, East
City-ST-Zip Jacksonville, FL 32256

Title V
Name Hill, Carol A.
Street Address 3442 Westover Road
City-ST-Zip Orange Park, FL 32073

Title V
Name Sapia, Joan I
Street Address 1655 Selva Marina Drive
City-ST-Zip Atlantic Beach, FL 32233

Title V
Name Sapia, Peter C.
Street Address 1655 Selva Marina Drive
City-ST-Zip Atlantic Beach, FL 32233

Title V
Name Taylor, Ethel M.
Street Address 10091 Chester Lake Road, East
City-ST-Zip Jacksonville, FL 32256

Title V
Name Kress, Suzanne
Street Address 209 Solano Woods Drive
City-ST-Zip Ponte Vedra Beach, FL 32082