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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90011 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000087210

1. Corporation Name

THE NETWORK CORPORATION OF JACKSONVILLE



Principal Place of Business

4190 BELFORT RD.  
SUITE 475  
JACKSONVILLE FL 32216  
US

Mailing Address

4190 BELFORT RD  
STE 475  
JACKSONVILLE FL 32216  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1993

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 Suite 350  
23 City & State

26 Suite, Apt. #, etc.

27 City & State

24 Zip Country  
25

28 Zip Country  
29 30

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 DCAS  
NAME BOWER, E.B.  
STREET ADDRESS 4190 BELFORT RD, STE 475  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

V Hill, Carol A  
3442 Westover Road  
Orange Park, FL 32073 ☐ Change ☒ Addition

TITLE DPS  
NAME MCGRIF, W.A. III  
STREET ADDRESS 4190 BELFORT RD, STE 475  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

V Dandy, Amanda K  
23 Walkers Ridge Drive  
Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

V Sherrer, Linda H.  
100 Twelve Oaks Lane  
Ponte Vedra Beach, FL 32082 ☒ Change ☐ Addition

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

V Sapia, Joan I  
1655 Selva Marina Drive  
Atlantic Beach, FL 32233 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

V Taylor, Ethel Moon  
10091 Chester Lake Road, East  
Jacksonville, FL 32256 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

V Kress, Suzanne  
209 Solano Woods Drive  
Ponte Vedra Beach, FL 32082 ☐ Change ☒ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 904-296-2797

Date

Daytime Phone #

CR2E034 (1/98)

Title: V  
Name: Snell, Elise K.  
Address: 3126-B South Fletcher Avenue  
City-St.-Zip: 32034

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