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 # **P94000071954 (9)**

1. Corporation Name

FONET FINANCIAL, INC.

Principal Place of Business	Mailing Address
325 S. GARDEN AVE. CLEARWATER FL 34616	325 S. GARDEN AVE. CLEARWATER FL 34616

3. Date Incorporated or Qualified: **09/30/1994**

3a. Date of Last Report: **10/16/1995**

4. FEI Number: **59-3291679** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LAWSON, HAROLD R JR
325 S. GARDEN AVE.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAWSON, HAROLD R		1.2 NAME		
STREET ADDRESS	325 S. GARDEN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHIELDS, HARRY L		2.2 NAME		
STREET ADDRESS	325 S. GARDEN AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHIELDS, LARRY R		3.2 NAME		
STREET ADDRESS	#7 CIRCLE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MT. VERNON IL 62864		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHIELDS, SHERRY		4.2 NAME		
STREET ADDRESS	325 S. GARDEN AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHIELDS, DORIS A		5.2 NAME		
STREET ADDRESS	#7 CIRCLE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT. VERNON IL 62864		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAERER, JANIS E		6.2 NAME		
STREET ADDRESS	325 S. GARDEN AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		6.4 CITY-ST-ZIP		

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)(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: Sherry Shields Sherry Shields 3/29/96 (813)447-2466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)