

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90096 042 ***158.75

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1. Corporation Name

PRAXIS NETWORK, INC.



Principal Place of Business

Mailing Address

2830 NW 41ST ST
BLDG M
GAINESVILLE FL 32606
US

2830 NW 41ST ST
BLDG M
GAINESVILLE FL 32606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1994

4. FEI Number

59-3281012

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

21 2830 NW 41st St. BldgM

2a. Mailing Address

26 PO Box 14995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 Gainesville, FL

City & State
28 Gainesville, FL

Zip Country
24 32606 25 USA

Zip Country
29 32604 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, SHERI A
1201 N.W. 25TH TERRACE
GAINESVILLE FL 32605**

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 **VP** ☐ DELETE
NAME **HUENINK, JON C.**
STREET ADDRESS **1201 NW 25TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE **Information Management** ☐ Change ☒ Addition
1.2 NAME **Kay Edgemon**
1.3 STREET ADDRESS **PO Box 114**
1.4 CITY-ST-ZIP **Trenton, FL 32693** ☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **SHERI A WALLACE**
STREET ADDRESS **1201 NW 25TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DS** ☒ DELETE
NAME **CHANCE, DANA L.**
STREET ADDRESS **9715 NW 143RD STREET**
CITY-ST-ZIP **ALACHUA FL 32616**

TITLE **P** ☒ DELETE
NAME **MULLIGAN, RICHARD K.**
STREET ADDRESS **2630 NW 18TH AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

2.1 TITLE **Data Management** ☐ Change ☒ Addition
2.2 NAME **Kevin Lee**
2.3 STREET ADDRESS **6625 Kirkstall Ct.**
2.4 CITY-ST-ZIP **Charlotte, NC 28226** ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

352-335-1880

CR2E034 (11/98)