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

Mailing Address

PENSACOLA FL 32501

2a. Mailing Address

Suite, Apt. #, etc.

427 W GARDEN

**PROFIT** CORPORATION ANNUAL REPORT 1999 💝



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

Applied For

Change

☐ Change

850-434-5301

☐ Addition

Addition

Not Applicable

01-26-1999 90011 015 \*\*\*150.00

3. Date incorporated or Qualifed

11/28/1994

59-3306955

4. FEI Number

DO NOT WRITE IN THIS SPACE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # P94000086189

TERNET USA, INC.

cipal Place of Business

rincipal Place of Business

! GARDEN ST

ACOLA FL 32501

uite, Apt. #, etc.

ADDRESS

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ADDRESS

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uite, Apt. #, etc.		Suite, Apt. #, e	etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
ity & State	e	- City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
p	Country .	Zip		Country		8. This corporation owes the curren	t vear Int	angible	
	25	29	30			Personal Property Tax.	•		□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	jistered	Agent	
BAAVE	DEDDY DONALD D			81	Name				
MAYBERRY, DONALD R 427 W GARDEN ST				82	Street Add	ress (P.O. Box Number is Not Acceptable			· .
				July Street Au		ress (F.O. Box Number is Not Acceptable	=)		
PENSACOLA FL 32501				83	-		The gards	11:50 38	24.4 Sir 11V.
٠.							14 KG"	\$49.49	4 15 3 1 13
				84	City		FI	85 Zip C	Code
	OFFICERS AND DIRECTORS  Delete			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
				7		The state of the s			
i	MAYBERRY, DONALD R	□ pcr						Change	Addition
	8108 CAMELFORD DR			NAME					
	PENSACOLA FL 32506		ľ		ADDRESS				
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		☐ DELI		TTLE NAME		3 2 3 3 4 3 5 4 3 5 4 3 5	. 11	Change '	Addition

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 idicated 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 afficer 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 lock 13 if changed, or on an attachment with an address, with all other like empowered.

☐ DELETE

☐ DELETE