

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 # P94000091189 (8)

1. Corporation Name

PROVIDERLINK INCORPORATED



Principal Place of Business

Mailing Address

1125 NORTH SEUMMIT STREET  
CRESCENT CITY FL 32112

1125 NORTH SEUMMIT STREET  
CRESCENT CITY FL 32112

2. Principal Place of Business

2a. Mailing Address

21 1125 N. Summit St.

26 1125 N. Summit St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified  
12/15/1994

3a. Date of Last Report  
04/26/1995

4. FEI Number

59-3295861

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

BUCHAN, GERARD  
508 CENTRAL AVE.  
CRESCENT CITY FL 32112

81 Name

Norma J. Frazer

82 Street Address (P.O. Box Number is Not Acceptable)

1125 N. Summit St.

83

84 City

Crescent City

FL

85 Zip Code

32112

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

*Norma J. Frazer*  
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 D ☐ DELETE  
NAME FLETCHER, WARREN D  
STREET ADDRESS 1125 NORTH SUMMIT STREET  
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE P ☐ DELETE  
NAME WAHL, ALAN R  
STREET ADDRESS 11 GREENVALE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE T ☐ DELETE  
NAME HARROD, C. RANDY  
STREET ADDRESS 2881 SHENANDOAH ROAD  
CITY-ST-ZIP DELAND FL

TITLE S ☐ DELETE  
NAME FRAZER, NORMA J.  
STREET ADDRESS P. O. BOX 954  
CITY-ST-ZIP WALAKA FL

TITLE V ☐ DELETE  
NAME FLETCHER, JAMES R.  
STREET ADDRESS 4538 SE 4TH PLACE  
CITY-ST-ZIP OCALA FL

TITLE VP ☐ DELETE  
NAME HARPER, NED D.  
STREET ADDRESS 6162 SHORELINE DR  
CITY-ST-ZIP PORT ORANGE FL

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*C. Randy Harrod*  
C. Randy Harrod

4-24-96  
Date

904-698-1174  
Daytime Phone #

CR2E034 (12/95)