

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # P94000091189 (8)

1. Corporation Name

PROVIDERLINK INCORPORATED

Principal Place of Business

1125 N SUMMIT ST
CRESCENT CITY FL 32112
US

Mailing Address

1125 N SUMMIT ST
CRESCENT CITY FL 32112-1721
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

04/29/1996

4. FEI Number

59-3295861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

FRAZER, NORMA J
1125 N SUMMIT ST
CRESCENT CITY FL 32112

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME FLETCHER, WARREN D
STREET ADDRESS 1125 NORTH SUMMIT STREET
CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE ☐ DELETE

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

TITLE ☐ DELETE

T
NAME HARROD, C RANDY
STREET ADDRESS 2081 SHENANDOAH ROAD
CITY-ST-ZIP DELAND FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

V
NAME FLETCHER, JAMES R.
STREET ADDRESS 4538 SE 4TH PLACE
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

VP
NAME HARPER, NED D.
STREET ADDRESS 6102 SHORELINE DR
CITY-ST-ZIP PORT ORANGE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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:

[Signature] 3/10/97

CR2E034 (9/96)