

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P94000093805**

1. Corporation Name

FLORIDA NETWORK TECHNOLOGIES, INC.

Principal Place of Business

**7660 TAMiami TRAIL
SUITE H
SARASOTA FL 34231**

Mailing Address

**7660 TAMiami TRAIL
SUITE H
SARASOTA FL 34231**

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90024 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1994

4. FEI Number

65-0543925

Applied For

Not Applicable

**Florida Network Technologies, Inc.
7650 South Tamiami Trail, Suite 5
Sarasota Florida 34231**

2a. Mailing Address

26

Florida Network Technologies, Inc.

**240 Coblenz Street
Port Charlotte FL 33954**

ate of Status Desired

☐

**\$8.75 Additional
Fee Required**

h Campaign Financing
und Contribution

☐

**\$5.00 May Be
Added to Fees**

orporation owes the current year

ble Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

**GRZECOWSKI, ROMONA
240 COBLENTZ STREET
PORT CHARLOTTE FL 33954-2368**

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 **COB** ☐ DELETE

NAME **GRZECOWSKI, JOSEPH S**
STREET ADDRESS **240 COBLENTS ST**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **PCEO** ☐ DELETE

NAME **GRZECOWSKI, TIMOTHY**
STREET ADDRESS **240 COBLENTZ ST**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **SCFO** ☐ DELETE

NAME **GRZECOWSKI, ROMONA**
STREET ADDRESS **240 COBLENTZ ST**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Romona Grzechowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 1999
Date

941-627-5977
Daytime Phone #

CR2E034 (5/99)

0102562

Florida Network Technologies, Inc.
7650 South Tamiami Trail, Suites 5 & 7
Sarasota, Florida 34231
Voice: 941.927.0799 Fax: 941.927.0899

596537-90024-24
P94000093805

July 21, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: P94000093805

On July 20, 1999 we received a "Second Notice" in reference to Corporation Annual Report Packet. Please be advised a "First Notice" had never been received. Additionally, this notice was sent to the incorrect address. Previous notices have consistently been sent to the correct address.

Per my conversation with Cynthia Tuesday, July 20, 1999 I am enclosing the corrected paperwork with our check for \$150.00.

Thank you.



Romona Grzechowski, CFO