FILE NOW: FILING FEE AFTER MAY 1 IS \$225 OO

PROFIT CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P9500015504 (0) FLORIDA INFORMATION NETWORK, INC.												
Principal Place of Business Mailing Address 7655 38TH AVE. NORTH 7655 38TH AVE. NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710							D			3. Date Incorporated or Qualified 3a. Date of Last Report		
2. 21 22	· 	opal Place of Business e, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt. #, etc. 27					3. Date Incorporated or Qualified Q2/24/1995 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Destred S8.75 Additional Fee Required		
23	City & State	Country			City & State			untry		Election Campaign Financing Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No	1	
	7655 38T ST. PETE Pursuant t or register familiar wit GNATURE	Signature, typed	ORTH L 33710 ons of Sections 6 both, in the State of the obligations or printed name of regis	i or Fiorida. Such cr	nange was authorize 05, Florida Statutes.	s, the abou	82 83 84 /e-na orpoi	City anied corp ration's bo	Taxoratioard	Austin, Carol ess (P.O. Box Number is Not Acceptable) 2918 West Kennedy Blvd. Pampa FL 85 Zip Code 33609 ation submits this statement for the purpose of changing its registered office of directors. I hereby accept the appointment as registered agent. I am ###################################		
	FET ADDRESS (-ST-ZiP	NORRIS, FRANK 3325 66TH ST. NORTH ST PETERSBURG FL 33710 DS DELETE				1.3 STF 1.4 CIT	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST- ZIP 2. 1 TITLE			Murphy, John 14497 N. Dale Mabry Hwy. #200 Tampa, Fl. 33618	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
TITL NAM STR	EET ADDRESS (-ST-ZIP E	TAMPA FL 33629 D GERAS, JOYCE					2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3. STREET ADDRESS 3 4 CITY - ST - ZIP		E 1	Kathleen Samuels 6650 Gulf Blvd. St. Pet⇒ Bch, Fl. 33706 D Change		
TOL NAM Sthi	E HE ADDRESS (-ST-ZIP	D DELETE GOOD, MICHAEL					4.1 TITLE 4.2 NAME 4.2 NAME 4.4 CITY-S 7/P 5.1 TITLE			Change Addition Change Addition Change Addition Addition	50	
CITY TITL NAM STRE	IE EET ADDRESS - ST-ZIP	LARGO F D BARFIELI 4901 W. TAMPA F	L 34640 D, JOHN CYPRESS ST., L 33607		☐ DELETE	5.3 STR 5.4 CIT 6. 1 TIT 6.2 NAM 6.3 STR 6.4 CIT	EET AI Y-ST- LE ME EET AI Y-ST-	DDRESS ZIP DDRESS ZIP		Change Addition or the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	1	

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), Fiorida 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED VAME OF PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: