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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90138 001 \*\*\*150.00

DOCUMENT # P95000045898

1. Corporation Name

PREMIUM INTERNET CORPORATION

Principal Place of Business

8441 JOLLY ROGER DR.  
HUDSON FL 34667

Mailing Address

8441 JOLLY ROGER DR.  
HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

59-3325368

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 10909 Kenmore Dr

26 10909 Kenmore Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 New Port Richey, FL

28 New Port Richey, FL

Zip Country

Zip Country

24 34654

25

29 34654

30

9. Name and Address of Current Registered Agent

PHILLIPS, STEVEN J  
8441 JOLLY ROGER DR.  
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

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

10909 Kenmore Dr

83

84 City New Port Richey

FL

85 Zip Code 34654

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

Signature: Steven J. Phillips

STEVEN J. PHILLIPS

26-APR-99

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME PHILLIPS, STEVEN JOHN  
STREET ADDRESS 8441 JOLLY ROGER DRIVE  
CITY-ST-ZIP HUDSON FL

TITLE VSD ☐ DELETE

NAME PHILLIPS, LINDA K  
STREET ADDRESS 8441 JOLLY ROGER DR  
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10909 Kenmore Dr

1.4 CITY-ST-ZIP New Port Richey FL 34654

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 10909 Kenmore Dr

2.4 CITY-ST-ZIP New Port Richey FL 34654

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Steven J. Phillips, Pres. STEVEN J. PHILLIPS 26-APR-99 727-849-0283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

049424