

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90262 041 ***150.00

DOCUMENT # P95000047579

1. Corporation Name

THE INFORMATION SUPERHIGHWAY CORPORATION



Principal Place of Business

1540 TWIN OAKS CIRCLE
OVIEDO FL 32765
US

Mailing Address

1540 TWIN OAKS CIRCLE
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1995

2. Principal Place of Business

21 9136 Lake Burkett Drive

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32817

Country

25 US

2a. Mailing Address

26 9136 Lake Burkett Drive

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32817

Country

30 US

4. FEI Number

59-3320807

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

9. Name and Address of Current Registered Agent

UNCAPHER, KENNETH R
TUKDARIAN AND UCAPHER, P.A.
537 N MAGNOLIA AVE
ORLANDO FL 32801

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 P ☐ DELETE

NAME MEADS, MARTIN M

STREET ADDRESS 1540 TWIN OAKS CIRCLE

CITY-ST-ZIP OVIEDO FL 32765

TITLE TS ☐ DELETE

NAME MEADS, PAULA T

STREET ADDRESS 1540 TWIN OAKS CIRCLE

CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 P ☒ Change ☐ Addition

1.2 NAME MEADS, MARTIN M (Address)

1.3 STREET ADDRESS 9136 LAKE BURKETT DRIVE

1.4 CITY-ST-ZIP ORLANDO, FL 32817

2.1 TITLE TS ☒ Change ☐ Addition

2.2 NAME MEADS, PAULA T. (Address)

2.3 STREET ADDRESS 9136 LAKE BURKETT DRIVE

2.4 CITY-ST-ZIP ORLANDO, FL 32817

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin M. Meads 4/15/99 (407) 673-5600

CR2E034 (1/198)

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