

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000049047 (0)

1. Corporation Name

FLORIDA NETWORK SOLUTIONS, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 1070  
GAINESVILLE FL 32602

POST OFFICE BOX 1070  
GAINESVILLE FL 32602

2. Principal Place of Business

21 12 West University Ave

2a. Mailing Address

26 12 West University Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 204

27 204

City & State

City & State

23 Gainesville FL

28 Gainesville FL

Zip

Zip

Country

Country

24 32601

25 USA

29 32601

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

4. FEI Number

59-3321697

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

~~STEADHAM, JOHN M~~  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE FL 32602

81 Name

Watson Folds Steadham Tovkach Walker & Marston

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

527 E University AVE

P.A.

83

84 City

Gainesville

FL

85 Zip

32601

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]*

1/24/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME STEADHAM, JOHN M  
STREET ADDRESS 527 EAST UNIVERSITY AVENUE  
CITY - ST - ZIP GAINESVILLE FL 32602

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P  
1.2 NAME Jon B. Simonds  
1.3 STREET ADDRESS 1926 SW 42 WAY Apt. A  
1.4 CITY - ST - ZIP Gainesville FL 32607

2.1 TITLE ☒ Change ☐ Addition

V  
2.2 NAME Christopher McIlendon  
2.3 STREET ADDRESS 1207 NE 10 PL  
2.4 CITY - ST - ZIP Gainesville FL 32601

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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, upon an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

352 375 8322

DAY

DAYTIME PHONE

CR2E034 (12/95)