

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000049047 (0)**

1. Corporation Name

**FLORIDA NETWORK SOLUTIONS, INC.**

Principal Place of Business

**POST OFFICE BOX 1070  
GAINESVILLE FL 32602**

Mailing Address

**POST OFFICE BOX 1070  
GAINESVILLE FL 32602**



2. Principal Place of Business

**12 West University Ave**

Suite, Apt. #, etc.

**204**

City & State

**GAINESVILLE FL**

Zip

**32601**

Country

**USA**

2a. Mailing Address

**12 West University Ave**

Suite, Apt. #, etc.

**204**

City & State

**Gainesville FL**

Zip

**32601**

Country

**USA**

9. Name and Address of Current Registered Agent

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

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

**Watson Folds Steadham Toykach Walker & Marston  
527 E University AVE  
P.A.**

81. Name

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

**527 E University AVE**

P.A.

83.

84. City

**FL**

85. Zip **32601**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: *John B. Simonds*

Signature, Typed or Printed Name of Registered Agent and Title, if Applicable

NOTE: Registered Agent's signature is required when renewing.

*1/24/96*

DATE

12. OFFICERS AND DIRECTORS

**D**  DELETE  
**STEADHAM, JOHN M  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE FL 32602**

DELETE  
**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**P**  Change  Addition  
**Jon B. Simonds  
1926 SW 42 WAY Apt. A  
Gainesville FL 32607**

**V**  Change  Addition  
**Christopher McLendon  
1207 NE 10 PL  
Gainesville FL 32601**

Change  Addition  
**NAME  
STREET ADDRESS  
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 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: *John B. Simonds*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/96*

*352 375 8322*

Daytime Phone #

CR2E034 (12/95)