

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90068 015 ***150.00

DOCUMENT # P95000052850

1. Corporation Name

THE PRISM NETWORK, INC.



Principal Place of Business

6320 ST AUGUSTINE ROAD
SUITE 9
JACKSONVILLE FL 32217
US

Mailing Address

6320 ST AUGUSTINE RD
#9
JACKSONVILLE FL 32257
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

59-3321146

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 3728 PHILIPS HIGHWAY

26 3728 PHILIPS HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 64

27 SUITE 64

City & State

City & State

23 JACKSONVILLE FLORIDA

28 JACKSONVILLE FLORIDA

Zip

Country

Zip

Country

24 32217

25 USA

29 32217

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOUTHERLAND, JAMES W MR.
6320 ST AUGUSTINE ROAD
SUITE 9
JACKSONVILLE FL 32217

81 Name

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

3728 PHILIPS HIGHWAY

83

SUITE 64

84

CITY JACKSONVILLE

FL

85

Zip Code 32217

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SOUTHERLAND, JAMES W

STREET ADDRESS 6320 ST AUGUSTINE ROAD SUITE 9
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☐ DELETE

NAME CAHOON, ARTHUR L

STREET ADDRESS 1200 GULF LIFE DR SUITE 902
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME WINSTON, JAMES

STREET ADDRESS 645 RIVERSIDE AVE SUITE 619
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE S ☐ DELETE

NAME ORDWAY, ERIC

STREET ADDRESS 6320 ST AUGUSTINE ROAD SUITE 9
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

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

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. SOUTHERLAND, JR.

Date

1-11-99

Daytime Phone #

904-443-0005

CR2E034 (1/98)