

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000058093 (2)

1. Corporation Name  
NETWORKS PLUS, INC.



Principal Place of Business  
315 WICKHAM COURT  
LONGWOOD FL 32779

Mailing Address  
315 WICKHAM COURT  
LONGWOOD FL 32779-4544

3. Date Incorporated or Qualified 07/26/1995  
3a. Date of Last Report 04/19/1996

4. FEI Number 59-3329711  
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

2. Principal Place of Business  
21 315 WICKHAM CT  
Suite, Apt. #, etc.

2a. Mailing Address  
26 315 WICKHAM CT  
Suite, Apt. #, etc.

22 LONGWOOD, FL  
City & State

27 LONGWOOD, FL  
City & State

23  
24 Zip 32779 Country SEVINGALE

28  
29 Zip 32779 Country SEVINGALE

9. Name and Address of Current Registered Agent

DAVIS, GLENN A  
315 WICKHAM COURT  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name KATHLEEN M. FOX  
82 Street Address (P.O. Box Number is Not Acceptable) 315 WICKHAM CT  
83  
84 City LONGWOOD FL 85 Zip Code 32779

11. Pursuant to the provisions of Sections 607.0532 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 Kathleen M. Fox  
Signature of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE 1/14/97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, GLENN A	
STREET ADDRESS	315 WICKHAM COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DTS	<input type="checkbox"/> DELETE
NAME	FOX, KATHLEEN M	
STREET ADDRESS	315 WICKHAM COURT	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHLEEN M. FOX (DP)	
1.3 STREET ADDRESS	315 WICKHAM CT	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
2.1 TITLE	DIRECTOR/TREAS/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GLENN A. DAVIS (DTS)	
2.3 STREET ADDRESS	315 WICKHAM CT	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Kathleen M. Fox  
Signature and typed or printed name of signing officer or director

DATE 1/14/97 407-682-3544  
Daytime Phone #

0072894

CR2E034 (9/96)