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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000082041 (1) DOCUMENT #

1.	Cor	por	atio	n	n Name

WEBLINK SOFTWARE, INC.

Principal Place of Business
1205 GANDY BLVD. N.
OF DETERORUBO DE 00300

Mailing Address



1205 GANDY B	LVD. N.	1205 GANDY BLVD. N. ST. PETERSBURG FL 3	3702					
ST. PETERSBU	NO FL 33/02	SI. FEIENSDUNG FL S	or one.	3. Date Incorporated or Qualified 10/25/1995	3a. Date of Last Report			
2. Principal Plac		2a. Mailing Address		4. FET Number	Applied			
3717	NW 66th Place		66th Place	59-3348016		oplicable		
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addition Fee Required				
City & State  23 Gaine	esville, Florida		lle, Florid					
Zip 24 32653		<sup>Zip</sup> 32653	Country 30 USA		; □ No	)32, ———		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New I	tegistered Agent			
			Mar Mar	yLou Shevlin				
	STEPHEN		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)				
	NDY BLVD. N.		83 371	7-NW-66thPlace-				
SI. PEIE	RSBURG FL 33702				<del></del>			
			84 City	nesville	FL  85   Zig Cod 326	°53		
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut		and the section its this statement for the pu	racco of changing its registe	red office		
or registere	ed agent, or both, in the State of Florid	a. Such change was authorized 607.0505. Horida Statutes	red by the corporation's bo	poration submitts this statement for the pupard of directors. Thereby accept the appared in	ocintment as registered agen	t. I am		
	Man Line Thompson is on year	O V	P./Secretar	A 15 A 1 1 II	4/2/96			
SIGNATURE	Styridrufe: typy of printed nanwer registereo agent a	nd title if applicative. (NO	DTE: Registered Agent signal are req	rred when remslating)	LIMIT			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		₹ 12 Addition		
TITLE		DELETE	. 1. 1 TITLE	President/Treasur	er	Managar		
NAME			1.2 NAME	Robert T. Shevlin	1			
STHEFT ADDRESS			1.3 STREET ADDRESS	3717 NW 66th Place				
CITY - S1 - ZIP		☐ DELETE	1.4 C/TY - ST - Z/F 2 1 T/T/LE	Gainesville, Flor	Change	Addition		
TITLE		LJ otten	2.2 NAME	V.P./Secretary				
NAME			2.3 STHEE! ADDRESS	MaryLou Shevlin				
STREET ADDRESS			2.4 CITY - ST - 719	3717 NW 66th Plac	e			
CITY - ST- ZIP		DELETE	3 1 TITLE	Gainesville, Flor	-108 <del>-14633</del>	Addition		
NAME			3 2 NAME					
STREET ADORESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3 4 CITY - \$1 - ZIF					
TITLE		☐ DELETE	4. 1 T:TLE		☐ Change ☐	Addition		
NAME			4.2 NAME					
S1KEE1 ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - 719			1.11.		
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐	Addition		
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CHTY-ST-ZIP		The section	5 4 CHY-ST-7IP		□ Change □	Addition		
TITLE		☐ DELETE	6 1 THILE		□] CHange □	nuuriiuil		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY - \$1 - ZIP		oth this flips is voluntarily fur	64 CITY - ST-7/P	by for the exemption stated in Section 11	9 07/3/k) Florida Statutes. I	further		

I do horeby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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

MaryLou Shevlin

GNATURE:

\*\*MaryLou Shevlin\*\*

\*\*GNATURE:\*\*

\*\*Decret Page 1.

Daytine Phone #