

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000016511 (3)

1. Corporation Name  
NEFCOM INTERNET, INC.

Principal Place of Business

130 N FOURTH ST  
MACCLENNY FL 32063-2112  
US

Mailing Address

PO BOX 485  
MACCLENNY FL 32063-2112  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1996	
21	Suite, Apt. #, etc.	26	P. O. Box 485	4. FEI Number 59-3425075 APPLIED FOR	
22	City & State	27	(zip code correction)	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Macclenny, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	32063-0485	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30	US	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

CONNER, LEON  
130 N FOURTH ST  
MACCLENNY FL 32063

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, GLADYS R	1.2 NAME	
STREET ADDRESS	130 N FOURTH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, LEON	2.2 NAME	
STREET ADDRESS	130 N FOURTH ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, LINDA S	3.2 NAME	
STREET ADDRESS	130 N FOURTH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, F PAUL	4.2 NAME	
STREET ADDRESS	130 N FOURTH ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, EVELYN H	5.2 NAME	
STREET ADDRESS	130 N FOURTH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MACCLENNY FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLEW, JAHN T	6.2 NAME	McGlew, John T. (Note spelling of John)
STREET ADDRESS	130 N FOURTH ST	6.3 STREET ADDRESS	130 North Fourth Street
CITY - ST - ZIP	MACCLENNY FL	6.4 CITY - ST - ZIP	Macclenny, FL 32063-2112

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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon Conner 1-06-98

904-259-2268

Date Daytime Phone # 0020018

CR2E034 (10/97)