

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 90152 001 *1,111.25

DOCUMENT # P96000016511

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 32063-0485
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number **59-3425075**

Applied For
Not Applicable

APPLIED FOR

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**CONNER, LEON
130 N FOURTH ST
MACCLENNY FL 32063**

10. Name and Address of New Registered Agent

81 Name

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

83 (Please add Zip Code extension)

84 City

FL

85 Zip Code
32063-2112

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

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, GLADYS R	
STREET ADDRESS	130 N FOURTH ST	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CONNER, LEON	
STREET ADDRESS	130 N FOURTH ST	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMBS, LINDA S	
STREET ADDRESS	130 N FOURTH ST	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNER, F PAUL	
STREET ADDRESS	130 N FOURTH ST	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLLAND, EVELYN H	
STREET ADDRESS	130 N FOURTH ST	
CITY-ST-ZIP	MACCLENNY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGLEW, JAHN T	
STREET ADDRESS	130 N FOURTH ST	
CITY-ST-ZIP	MACCLENNY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROSS, JOHNNY R.	
1.3 STREET ADDRESS	HWY. 82 & 29	
1.4 CITY-ST-ZIP	LEWISVILLE, ARKANSAS 71845	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNER, LEON	
2.3 STREET ADDRESS	130 NORTH FOURTH STREET	
2.4 CITY-ST-ZIP	MACCLENNY, FLORIDA 32063	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EASTERDAY, JANET C.	
3.3 STREET ADDRESS	130 NORTH FOURTH STREET	
3.4 CITY-ST-ZIP	MACCLENNY, FLORIDA 32063	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CONNER, SHANNON D.	
4.3 STREET ADDRESS	130 NORTH FOURTH STREET	
4.4 CITY-ST-ZIP	MACCLENNY, FLORIDA 32063	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MCGLEW, JOHN T.	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

(Note spelling of John)

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President/Dir. 1-15-99

904-259-0620

Date

Day/Time Phone #

CR2E034 (1/98)