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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90114 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000020724

1. Corporation Name
INTERNET SERVICE GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
365 NORTH 1ST STREET **365 NORTH 1ST STREET**
LAKE CITY FL 32055 **LAKE CITY FL 32055**

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 03/04/1996 | |
| 4. FEI Number 59-3367153 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------|--------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. |
| 23. City & State | 28. City & State |
| 24. Zip 25. Country | 29. Zip 30. Country |

9. Name and Address of Current Registered Agent
THOMPSON, JEFFERY
365 NORTH 1ST STREET
LAKE CITY FL 32055

| | |
|--|------------------------|
| 10. Name and Address of New Registered Agent | |
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SCHAEFER, DEREK |
| STREET ADDRESS | ROUTE 13, BOX 375 |
| CITY-ST-ZIP | LAKE CITY FL 32055 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | HUDDLESTON, KEN |
| STREET ADDRESS | 3199 E. BAYA AVENUE |
| CITY-ST-ZIP | LAKE CITY FL 32025 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | THOMPSON, JEFFERY |
| STREET ADDRESS | 812 E MONROE ST |
| CITY-ST-ZIP | LAKE CITY FL 32025 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ROWN, WILLIAM C |
| STREET ADDRESS | ROUTE 8 BOX 804 |
| CITY-ST-ZIP | LAKE CITY FL 32055 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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: _____ **2/4/99** **904-755-2128**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)