

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000026791 (9)

1. Corporation Name
ASTRO-NETWORKS, INC.

Principal Place of Business

4210 N.W. 37TH PLACE
SUITE 200
GAINESVILLE FL 32606

Mailing Address

4210 N.W. 37TH PLACE
SUITE 200
GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

59-3377721

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business
21 1707 SW 35TH PLACE

2a. Mailing Address
26 5200 NW 43RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 GAINESVILLE, FL.

27 City & State
28 GAINESVILLE, FL.

24 Zip
25 32608

29 Zip
30 32606

Country
25 ALABAMA

Country
30 ALABAMA

9. Name and Address of Current Registered Agent

HILDRETH, MALCOLM B
4210 N.W. 37TH PLACE
SUITE 200
GAINESVILLE FL 32606

same agent/
new address

10. Name and Address of New Registered Agent

81 Name MALCOLM HILDRETH
82 Street Address (P.O. Box Number is Not Acceptable)
83 5200 NW 43RD ST
84 Ste #102-161
85 City GAINESVILLE FL 86 Zip Code 32606

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 D
NAME HILDRETH, MALCOLM B
STREET ADDRESS 4210 N.W. 37TH PLACE, SUITE 200
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 who would 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 affidavit.

SIGNATURE

President

MALCOLM HILDRETH

4/16/98 352 326-3800

CR2E034 (10/97)