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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032123 (7)

INTERNET SERVICES OF TALLAHASSEE INC.

Feb 12 1998 8:00am Secretary of State

1141211	MET SERVICES OF TALEAR	MOOLLI INC	,. 								
Principal Plac	e of Business	Mailing Ad	ddress	• • •				1 129/1997 110 121/19 21/11 20/11 021/1	2111 221 2 0 1111		1448 Hitt 1494
1112 CARISSA DR 1112 CARISSA DR										:	
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308								DO NOT WRITE	IN THIS S	PACE	
							}	3. Date Incorporated or Qualified		+	
							- [04/12/1996			
2. Principal P	lace of Business	2a. Mading	Address				\dashv	4. FEI Number		I	pplied For
21		[26]				ı	59-3389916			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional	
22		27					5. Certificate of Status Desired		Fee R	berlupe	
City & Stat	Θ	City &	State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution			to Fees
Zip	- ' '		Zip				8. This corporation owes or has p		~		
24			29 30					Personal Property Tax due June		T T	_) No
	9. Name and Address of Curre	nt Registered A	gent		041	No.		10. Name and Address of New Re	gistered /	tgent	
	vrsen, eric r				81	Name					
	12 CARISSA DR				82	Street /	Addres	s (P.O. Box Number is Not Acceptal	ole)		
T#	VLLAHASSEE FL 32308										
					83					:	
					84	City				85 Zip	Code
			,			•			<u>FL</u>	1 1 ''	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	B, Florida Statut	les, the a	above	-named	corpor	ation submits this statement for the p	ourpose of	changing i	ts registered
agent. I a	to the provisions of Sections 607.05 registored agent, or both, in the Stat im familiar with, and accept the oblig	gations of, Section	n 607.0505, FI	orida Sta	atutes		poration	13 doding of directors. Friendly dode	princ app	on a north eag	registored
SIGNATURE											
	Signature, typed or printed name of registered as		ION) olu			nt signature	be riuper	when reinstating)	DATE		
12.		ND DIRECTORS	Dr. ere	13.				ADDITIONS/CHANGES TO OFFICE	CERS AND		
TITLE	PD		☐ DELETE		TITLE					Change	Addition
NAME	LARSEN, ERIC R				NAME						
STREET ADDRESS	1112 CARISSA DR			1		ADDRESS					
CłTY-ST-ZIP	TALLAHASSEE FL 32308			_	CITY-S	T-ZIP				T 04	T A LONG
TITLE	VD		DELETE		TITLE	i	i			Change	Addition
NAME	LARSEN, YOUNG O				NAME						
STREET ADDRESS	1112 CARISSA DR			23	STREET	ADDRESS	ļ				1
CITY-ST-ZIP	TALLAHASSEE FL 32308				CITY-S	ST-ZIP				<u> </u>	1 1 4 2 2 2 2 2
TITLE			DELETE		TITLE					Change	☐ Addition
NAME					NAME						
STREET ADORESS						ADDRESS					:
CITY-ST-ZIP			Drugge		CITY - S	T-ZIP	 		.		A datas
TITLE			☐ DELETE		TATLE	ļ	1			L Change	☐ Addition
NAME					NAME		1				
STREET ADDRESS				1		ADDRESS		-			
CITY-ST-ZIP			Decem		CITY-S	T-ZIP	ļ			Charac	A al al sat = -
TITLE			DELETE		TITLE					Change	Addition
NAME					NAME	ì	l				
STREET ADDRESS				1		address					
CITY-ST-ZIP			T		CITY-S1	T-ZIP	 	A STATE OF THE PARTY OF THE PAR		T &	["[4335;
TITLE			DELETE		HTLE		Ì			Change	Addition
NAME				6.21	NAME	Į	ļ				
STREET ADDRESS				6.3	STREET	ADDRESS					
CITY-ST-ZIP				6.4	CITY-S	T-ZIP	Ь_				

14. Thereby 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 truster 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.