

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 SEP 17 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000032456 (1)**

1. Corporation Name

TREASURE COAST INTERNET SERVICES, INC.

Principal Place of Business

Mailing Address

**759 S FEDERAL HWY
SUITE 316
STUART FL 34994**

**759 S FEDERAL HWY
SUITE 316
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**CAWTHORNE, SUSAN J
1045 E OCEAN BLVD
SUITE 6
STUART FL 34996**

3. Date Incorporated or Qualified

3a. Date of Last Report

04/08/1996

4. FEI Number

Applied For
Not Applicable

65-0694696

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

10. Name and Address of New Registered Agent

81 Name **Brian Phillips**

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

759 S. Federal Hwy

83 **Suite 316**

84 City **Stuart**

85 Zip Code
FL 34994

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

Brian Phillips Vice President

9-15-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVST	<input type="checkbox"/> DELETE
NAME	PHILLIPS, BRIAN A	
STREET ADDRESS	1908 SW WINNERS DR	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KNOTT, DONALD M	
STREET ADDRESS	C/O PHILLIPS 1908 SW WINNERS DR	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Knott, Donald M
23 STREET ADDRESS	2059 SW Briar Oak Tr.
24 CITY-ST-ZIP	Palm City, FL 34990

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	900002298549--4
34 CITY-ST-ZIP	-09/19/97--01089--023

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	***165.00
44 CITY-ST-ZIP	***169.00

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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 *Brian Phillips*

9-15-97 **FL 34994**

CR2E034 (4/97)

pg. 2 of 2

September 16, 1997

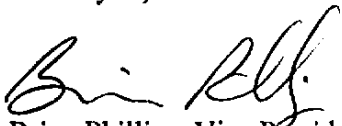
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

With regards to our "1997 Profit corporation annual report packet", our registered agent (Susan J Cawthorne) has closed up her offices and moved out of the area. Our FIRST notice apparently went to her. I called your office and Tom said to send through next-day delivery the completed packet and to pay the original fee amount and this letter explaining why we are late with the payment.

If you have any questions please call me at 561-220-7121 (or voice mail 561-458-6699)

Thank you,



Brian Phillips, Vice President
Treasure Coast Internet, Inc.
759 S. Federal Hwy, Suite 316
Stuart, FL 34994