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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000045615 (7) DOCUMENT #
1. Corporation Name

CYBERCRAFT OF TALLAHASSEE, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			ress			i namkrádk sim karin adkir adkir adkir adkir atkár atkár atkár kirár kirá kadr			
PO BOX 14071 PO BOX 14071									
TALLAHASS	EE FL 32317	tallahassee fl 3	TALLAHASSEE FL 32317						
						DO NOT WRIT		PACE	
-						 Date Incorporated or Qualified 05/29/1996 			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		TE	Applied For
21		26				59-3389751		-	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired			Required
City & Stat	te	City & State			·· · ······	6. Election Campaign Financing		\$5.00	May Be
23	28					Trust Fund Contribution Added to Fees			
Zìp	Country	Zip	Cou	Country		8. This corporation owes or has p	aid the curre		
24	25	29	30			Personal Property Tax due Jur			□ No
	9. Name and Address of Cur	rent Registered Agent		I		10. Name and Address of New F	egistered A	gent	
WALKER, CLAUDE R					Name				
1330 THOMASVILLE RD.				82	Ctroot Add	ress (P.O. Box Number is Not Accepta	- Mala		
	ALLAHASSEE FL 32303		62 St			ress (P.O. Box Number is Not Accepta	1016)		
,,,				83	·				
					-				
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508. Florida St	atutes, the a	bove-	named cor	poration submits this statement for the		changing	its registered
office or i	registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change w	as authorize	d by I	the corpora	ition's board of directors. I hereby acc	ept the appo	intment a	s registered
_	anti t a milat with, and accept the or.	iligations or, section 607.0505	i, Florida Sia	tules.					
SIGNATURE	Signature, typed or printed name of registered	agent and for Papplicable	(NOTE Registere	d Agent	I signature requ	red when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TI	ITLE				Change	Addition
NAME	ADAMS, WILLIAM		1.2 N	AME					
STREET ADDRESS	PO BOX 14071 N/A		1.3 S	IREET A	DDRESS				
CITY-ST-ZIP	TALLAHASSEE FL 32317		1.4 C	iTY-ST-	- ZIP				
TITLE		DELETE	2.1 71	ITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			2.2 N	AME					
STREET ADDRESS			2.3 \$	TREET A	DDRESS				
CITY-ST-ZIP				CITY-ST	4				
TITLE		DELETE	3.1 TI					Change	☐ Addition
NAME			3.2 N				•		
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				HTY-ST					
TITLE		DELETE	411		-11			Change	Addition
NAME			4.2 N				•		- 10011017
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				ity-st-					
TITLE		DELETE	5.1 Ti		LIF			Change	Addition
NAME		The December	5.2 N/		1			_ ~~~	- ₹<
STREET ADDRESS					DUBECC				9
					DDRESS				5.5
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TI	TY-ST-	ZIP	40000251	139	F banco	Addition
į						40000251 -05/05/98011	3001°	T sharge	T Volume
NAME			6.2 N/			***150.00		-	
STREET ADDRESS					DDRESS				1
CITY-ST-ZIP			6.4 CI	TY-ST-	ZIP				į.

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.