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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000047811 (0)

1. Corporation Name:
NETWORK PARTNERS, INC.



Principal Place of Business: 3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216
Mailing Address: 3627 UNIVERSITY BLVD. SOUTH
SUITE 840
JACKSONVILLE FL 32216-7433

3. Date Incorporated or Qualified: 06/05/1996
3a. Date of Last Report
4. FEI Number: 59-3402358
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 21. 5251 Emerson St.
Suite, Apt. #, etc.:
22. City & State: Jacksonville, FL
Zip: 32207 Country:
2a. Mailing Address: 26.
Suite, Apt. #, etc.:
27. City & State:
28. Zip: 29. Country: 30.

8. Name and Address of Current Registered Agent
GEIGER, ALLAN T
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207

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: [Signature]
(Type, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: 3/27/97

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: FIELDS, ZACHARY R
STREET ADDRESS: 5251 EMERSON ST.
CITY-ST-ZIP: JACKSONVILLE FL 32207
TITLE: D
NAME: BROWN, J. BROOKS
STREET ADDRESS: 3627 UNIVERSITY BLVD. SOUTH
CITY-ST-ZIP: JACKSONVILLE FL 32216
TITLE: D
NAME: BAER, DOUGLAS
STREET ADDRESS: 3627 UNIVERSITY BLVD. SOUTH
CITY-ST-ZIP: JACKSONVILLE FL 32216
TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D/P ☒ Change ☐ Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: D/S/T ☒ Change ☐ Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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, or on an attachment with an address.

SIGNATURE: [Signature] DOUGLAS M. BAER 3/26/97 904-391-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)