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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra R. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000050605 (0)

TOUC	hstone internet serv	ICES, INCORPORATED			 	Maran adalah Bahka Bahi	id Glisi at	11 1 2 3 111 183 1
Principal Plac	e of Business	Mailing Address				SALLI BALDI ÖİDİ BALI	in Alles de	1001 DANS OF DI
154 W 67H STREET P.O. BOX 2015 JACKSONVILLE PL 32208 JACKSONVILLE FL 32203				DO NOT WRITE IN THIS SPACE				
	7				3. Date incorporated or Qualified			
	: _ =				06/13/1996			
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-3394664	·····		t Applicable
22	, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$ ¹	8.75 A	Additional equired
City & Stat	v & State City & State				Election Campaign Financing Trust Fund Contribution		5.00 Added 1	May Be to Fees
Zip	Country	Zip	Country		8. This corporation owes or has p	aid the current	year Int	angible
24	25		30		Personal Property Tax due June] No
ļ	Name and Address of Cur	rent Registered Agent	B1 N		10. Name and Address of New R	egistered Ager	<u>ıt</u>	
SPANN, BARNEY E 154 W 6TH STREET				lame				
JACKBONVILLE FL 32206			82 8	Street Addre	ss (P.O. Box Number is Not Accepta	ble)	-	
1	√		83					
	ुं -		1 1	City		FL 85	1	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above-n	amed corpo	ration submits this statement for the in's board of directors. I hereby acce	purpose of char	nging its	s registered
agent la	im familiar with, and accept the ob	ligations of, Section 607.0505, Flo	rida Statutes.	o oo porane	mo board of directors. Thorough dood	prino appoint	ion go	, ogiotorou
SIGNATURE	Signature, typed or printed name of registered	ACCON and the il englands (NOTE	Registered Agent s	lanatura raduitar	Luban rainetating	DATE		
12.		AND DIRECTORS	13.	igratore required	ADDITIONS/CHANGES TO OFFI		ECTOR	S IN 12
TITLE	₽	DELETE	1.1 TITLE				Change	Addition
NAME	SPANN, BARNEY		1,2 NAME					
STREET ADDRESS	DORESS 154 W 6TH STREET		1.3 STREET ADI	DRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.4 CITY - ST - Z	ne Í				
TITLE	V	DELETE	2.1 TITLE				Change	Addition
NAME	SPANN, DARLENE Y		2.2 NAME					ſ
STREET ADDRESS	ST ADDRESS 154 W 6TH STREET 23		2.3 STREET ADD	DAESS				
CITY-ST-ZIP	JACKSONVILLE FL 32206		2.4 CITY-ST-2	ZIP				
TITLE] [☐ DELETE	3.1 TITLE	ļ	•		Change	Addition
NAME			3.2 NAME]				
STREET ADDRESS	,\$		3 3 STREET ADI	Dress				
CITY-ST-ZIP			3 4. CITY - ST - 7	ZIP				
TITLE	- ,	L. DELETE	4.1 TITLE				Change	Addition
NAME	[·]		4.2 NAME					
STREET ADDRESS	\$		4.3 STREET ADD	DRESS				
CITY-ST-ZIP	5		4.4 CITY - ST - Z	IP				
TITLE	¥ 3	☐ DELETE	5.1 TITLE			با	Change	Addition
NAME	**************************************		5.2 NAME	- 1				j
STREET ADDRESS	4		5.3 STREET ADD					
CITY-ST-ZIP	-		5.4 CITY - ST - Z	IP			<u> </u>	1 4400
TITLE		DELETE	61 TITLE		20000257 -07/01/98010		inange	Addition
NAME			6.2 NAME	1	-07/01/9801/0	46 - 021	, a) W
STREET ADDRESS	•		6.3 STREET ADD	DAESS	and the co	Con Court		10.7

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 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 or an attachment with an address.

CITY-ST-ZIP

***150,00

FILED

Jun 30 1998 8:00am

Secretary of State