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FILED

May 01 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 # P96000051049 (0)

1. Corporation Name:

INTERNET DEVELOPMENT GROUP, INC.

Principal Place of Business  
1104 SECRET OAKS PLACE  
JACKSONVILLE FL 32259

Mailing Address  
1104 SECRET OAKS PLACE  
JACKSONVILLE FL 32259-3126

3. Date Incorporated or Qualified  
06/13/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 SAME AS ABOVE.

2a. Mailing Address

26 SAME AS ABOVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3384456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

TRIFILETTI, JOHN J PH.D.  
1104 SECRET OAKS PLACE  
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name

SAME AS BEFORE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 PRESIDENT ☐ Change ☒ Addition  
1.2 NAME JOHN J. TRIFILETTI, PH.D.  
1.3 STREET ADDRESS 1104 SECRET OAKS PL.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32259

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
2.2 NAME MIKE KOVACH  
2.3 STREET ADDRESS 12390 GATEWAY OAKS LANE W.  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

3.1 TITLE TREASURER ☐ Change ☒ Addition  
3.2 NAME GAIL GERRIG  
3.3 STREET ADDRESS 12390 GATEWAY OAKS LANE W.  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

4.1 TITLE SECRETARY ☐ Change ☒ Addition  
4.2 NAME JOHN HAWLEY  
4.3 STREET ADDRESS 3530 VICTORIA PARK ROAD #12  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32216

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 if changed, or on an attachment with an address.

SIGNATURE:

John J. Trifiletti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97 (904) 448-8932

Date

Daytime Phone #

0044766

CR2E034 (9/96)