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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000052499 (6)

BAYLINK ONLINE SERVICES, INC.

	Mailing Ar

FILED Feb 12 1998 8:00am Secretary of State



ing Address 17640 NATHAN'S DRIVE 17640 NATHAN'S DRIVE **TAMPA FL 33647** TAMPA FL 33647 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 59-3384274 21 26 Suite, Apt. #, etc \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country $Z_{(i)}$ □No Personal Property Tax due June 30. Yes Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name STULL, R. JEFFREY 602 SOUTH BLVD.. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 City 85 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 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTL Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ___ Addition 1.1 TITLE TITLE DEBLOCK, CHIP 1.2 NAME NAME 17840 NATHAN'S DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33647** 1.4 CITY-S1-7IP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME DURAN, RICK NAME 414 VAN REED MANOR DRIVE 2.3 STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TOLE STRIGLE, JOHNNY 3.2 NAME NAME 4300 OLD DOMINION DRIVE #313 3.3 STREET ADDRESS STREET ADDRESS ARLINGTON VA 22207 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE DEBLOCK, DALE B 4.2 NAME 14940 N. FLORIDA AVE. 4.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33613** 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE DEBLOCK, PATTY 5.2 NAME NAME 17640 NATHAN'S DRIVE 5 3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33647** 5.4 CITY - ST- ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby contify 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if maged, or on an uttachment with an address.

SIGNATURE