

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

FILED

Apr 23 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 # P96000068407 (1)

1. Corporation Name

BT INTERNET CORPORATION

Principal Place of Business

7800 113 STRET NO STE 201
SEMINOLE FL 33772

Mailing Address

7800 113 STRET NO STE 201
SEMINOLE FL 33772-4615



3. Date Incorporated or Qualified

08/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 12945 Seminole Blvd

2a. Mailing Address

26 12945 Seminole Blvd

4. FEL Number

59-3399264

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Bldg. 1 Ste. 11

Suite, Apt. #, etc.

27 Bldg. 1 Ste. 11

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 Largo, FL

City & State

28 Largo, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

Zip

24 33778

Country

25 USA

Zip

29 33778

Country

30 USA

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

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

TWEDT, BLAKE
7800 113 STRET NO STE 201
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

81 Name Blake Twedt
82 Street Address (P.O. Box Number is Not Acceptable)
12945 Seminole Blvd. Bldg. 1 Ste. 11
83
84 City Largo FL 85 Zip Code 33778

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 | D | <input type="checkbox"/> DELETE |
| NAME | TWEDT, BLAKE | |
| STREET ADDRESS | 7800 113 STRET NO STE 201 | |
| CITY-ST-ZIP | SEMINOLE FL 33772 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | RAMSDALL, THOMAS A | |
| STREET ADDRESS | 6822 22 AVE NO STE 194 | |
| CITY-ST-ZIP | ST PETERSBURG FL 33710 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Blake Twedt |
| 1.3 STREET ADDRESS | 12945 Seminole Blvd. Bldg. 1 Ste. 11 |
| 1.4 CITY-ST-ZIP | Largo, FL, 33778 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (9/96)