SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1007

	JAL REPORT 1997		Secretary DIVISION OF CO	of State		Secreta	ary of S	State
DOCUMENT # P96000083201 (9) DIGITAL EXPRESS INTERNET SERVICES, INC.								
Principal Place of Business 4417 CONSTITUTION LANE MARIANNA FL 32448		Mailing Address 4417 CONSTITUTION LANE MARIANNA FL 32448				DO NOT WRITE IN THIS SPACE		
			,			3. Date Incorporated or Qualified 10/09/1996	3a. Date of Las	Report
-	lace of Business	J	ing Address		7	4. FEI Number	— —	Applied For
Suite, Apt.	# etc	26 Suite	e, Apt. #, etc.			59-3413497	_ ¢0.76	Not Applicable 5 Additional
22		27				5. Certificate of Status Desired		Required
City & State	е	<u></u> ⊢ ·	& State			6. Election Campaign Financing		May Be
Zip	Country	28 Zip		Country		Trust Fund Contribution B. This corporation owes or has properties to the properties of the propertie		d to Fees
24	25	29	3	10	1	Personal Property Tax due June		Z No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
BONDURANT, FRANK E								
4450 LAFAYETTE STREET MARIANNA FL 32446				82 Street	Addres	s (P.O. Box Number is Not Accepta	ble)	
INCU V	MININ I L OCTIO			83				
				84 City			05 7	in Code
							▐▀▐▃▕▕▕	ip 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 a	cont and title if sook	Cable (NOTE)	Registered Agent signature	a required	And reinstalion	DATE	
12.		ND DIRECTOR		13.	e required	ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE	D		DELETE	1.1 TITLE	DV		Chang	e 🔲 Addition
NAME	ARNOLD, ROBERT W			1,2 NAME	ļ			
STREET ADDRESS	2648 PEBBLE HILL ROAD Marianna Fl 32448			1.3 STREET ADDRESS				i
CITY-ST-ZIP TITLE	D D		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	D/P		☑ Chang	e Addition
NAME	STOTTLEMIRE, JOHN A		La ottera	2.2 NAME	1 '	~ 1	ور مادان ال	1
STREET ADDRESS	5150 HUDSON DRIVE			2.3 STREET ADDRESS	437	5 Angela Drive Rianna, FL 32446	, etc.	
CITY-ST-ZIP	MARIANNA FL 32446			2.4 CITY-ST-ZIP	MA	RIANNA, FL 32446		
TITLE			DELETE	3.1 TITLE		•	Chang	e 🔲 Addition
NAME CTOTET ADDDESS				3.2 NAME				
STREET ADDRESS CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. City-St-Zip				
TITLE			DELETE	4.1 TITLE	<u> </u>		Chang	e Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP			DELETÉ	4.4 CITY - ST - ZIP	_		<u> </u>	0.0400
TITLE			☐ DELETÉ	5.1 TITLE			Chang	e 🔲 Addition
name Street address				5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE	 		Chang	e Addition
NAME	•			6.2 NAME				
STREET ADDRESS				6.3 STREET ADDRESS				

14. 1 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 interhiment with an address.

CTOLERA) Stottlemice

FILED

Aug 29 1997 8:00am