

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90079 040 \*\*\*150.00

DOCUMENT # P96000091291

1. Corporation Name

PUBLIC ENTITY NETWORK, INC.

Principal Place of Business

700 CENTRAL PARKWAY  
STUART FL 34994

Mailing Address

700 CENTRAL PARKWAY  
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

65-0706817

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 9524 Blind Pass Rd

Suite, Apt. #, etc.

22 Ste 18

City & State

23 St. Pete Beach FL

Zip

24 33706

Country

2a. Mailing Address

26 P.O. Box 40280

Suite, Apt. #, etc.

27

City & State

28 St. Petersburg, FL

Zip

29 33743

Country

30

9. Name and Address of Current Registered Agent

MCCREARY, W M T  
700 CENTRAL PARKWAY  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name Robert W. Lowder

82 Street Address (P.O. Box Number is Not Acceptable)

83 9825 Harrell Ave

84 #503

City

Treasure Island FL

85 Zip Code

33706

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 PD ☒ DELETE

NAME MCCREARY, WM T  
STREET ADDRESS 700 CENTRAL PKWY  
CITY-ST-ZIP STUART FL

TITLE D ☐ DELETE

NAME LOWDER, ROBERT W  
STREET ADDRESS 9825 HARRELL AVE 503  
CITY-ST-ZIP TREASURE ISL FL

TITLE V ☐ DELETE

NAME LOWDER, CHARLOTTE  
STREET ADDRESS 9825 HARRELL AVE 503  
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ DELETE

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)

0519734