

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.)

APPROVED
AND
FILED

pg. 1 of 2

97 JUL 23 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091564 (0)
 1. Corporation Name
GULF INTERNET, INC.

Principal Place of Business: 119 SOUTH WASHINGTON STREET PERRY FL 32347
 Mailing Address: 119 SOUTH WASHINGTON STREET PERRY FL 32347



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1996		3a. Date of Last Report	
4. FEI Number 59-3415924		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 121 S JEFFERSON ST Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 1428 Suite, Apt. #, etc.		23 PERRY FL City & State		28 PERRY FL City & State		24 32347 Zip		25 Country		29 32348 Zip		30 Country	
9. Name and Address of Current Registered Agent MCKINNEY, MICHAEL J 119 SOUTH WASHINGTON STREET PERRY FL 32347								10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 121 S JEFFERSON ST 83 84 City PERRY FL 85 Zip Code 32347							

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: *Michael J McKinney* MICHAEL J MCKINNEY 7-18-97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNYDER, PHILIP	1.2 NAME	100002251231--2
STREET ADDRESS	POST OFFICE BOX 1428	1.3 STREET ADDRESS	-07/23/97--01100--022
CITY-ST-ZIP	PERRY FL 32348	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAIN, JOHN	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1428	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32348	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, MICHAEL J	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1428	3.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32348	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

A. Alper
7/23/97

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.

CFR2E034 (4/97)

DATE: 07-18-97

pg. 2 of 2

FROM: Michael J. McKinney
Gulf Internet Inc
121 S Jefferson St.
PO Box 1428
Perry, FL 32347

Tel: 904-584-6590
Fax: 904-584-7481

TO: Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re Document # P96000091564 (0)
I received this 1997 Profit Corporation Annual Report today
stating that it was the second notice and the cost was \$550.00.

We started this new company in November 1996, and moved our
office one block in April, 1997. This is the first form I
have received for this company. I am careful with these forms
as I have two other companies I file these for.

I called today and asked if there was any way to pay the
lower original cost and was told to mail in the form with
the \$165.00 amount and ask for a wavier of the extra cost.

I am making the request for the wavier of the extra charges
and am sending in the form and a check for \$165.00. Please
let me know if I need to do anything else.

Thank you for your attention to this matter.

Sincerely,


Michael J McKinney

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9. Name and Address of Current Registered Agent
**MCKINNEY, MICHAEL J
 119 SOUTH WASHINGTON STREET
 PERRY FL 32347**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	121 S JEFFERSON ST
83	
84 City	PERRY FL
85 Zip Code	32347

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]* **MICHAEL J MCKINNEY** DATE **7-18-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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CITY-ST-ZIP	PERRY FL 32348	
TITLE	VD	<input type="checkbox"/> DELETE
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STREET ADDRESS	POST OFFICE BOX 1428	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCKINNEY, MICHAEL J	
STREET ADDRESS	POST OFFICE BOX 1428	
CITY-ST-ZIP	PERRY FL 32348	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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1.2 NAME	
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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	
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[Signature] **7/23/97**

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CR2E034 (4/97)

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