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PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jun 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary (LState DIVISION OF COAF BRAHONS

DOCUMENT # P96000104116 (4)

ADVANCED COMMUNICATION NETWORK INC

Principal Place of Business Mailing Address 7680 MATOAKA ROAD 7680 MATOAKA ROAD SUITE 5 SUITE 5 BARASOTA FL 34243 SARASOTA FL 34243-3301 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1996 2, Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0727 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has tiability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENDERSON, LYLE M 7301 CLARIES DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243 83 84 City Zip 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 agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition 1.1 TITLE TITLE HENDERSON, LYLE M 1.2 NAME NAME 7301 CLARIES DR 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-7IP 1.4 CITY-ST-ZIP VD. DELETE 2.1 TITLE Change Addition TITLE NAME SHIELDS, GEORGE 2.2 NAME 1228 LYNWOOD ST STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE PETERSON, CURTIS T JR NAME 3.2 NAME 1223 DOSSETT ST STREET ADDRESS 3.3 STREET ADDRESS ATHENS TN CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-S1-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 changed, or on an attachment with an address.