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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000005162 (7)

FORT MYERS ONLINE. INC.

Principal Place of Business

Mailing Address

1480 HILL AVENUE FT. MYERS FL 33901 1480 HILL AVENUE

FILED May 13 1998 8:00am Secretary of State



FT. MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 8695 College PARKWAY 8695 College YACKWAY 65-6767359 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Suite # 339 SUITE Fee Required **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PRINGLE, NORMA M 1480 HILL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 83 84 City Zip Code 85 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. Hereby accept the appointment as registered agent. Lam 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 reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DELETE M. Change ■ Addition TITLE 1.1 TITLE PRESIDENT PRINGLE, WILLIAM A IV NAME 1.2 NAME STREET ADDRESS 1480 HILL AVENUE 1.3 STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33901 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILLIAMS, ROBERT H II NAME 2.2 NAME 13300-56 S. CLEVELAND AVE. #230 STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL 33907 2. 4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 1/1LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 6.4 CITY - ST - 7/P

14. Thereby certify that the information supplied with this filling 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed

4-30-98