

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90099 046 ***150.00

DOCUMENT # P97000019907

1. Corporation Name

SUWANNEE VALLEY INTERNET CONNECTIONS, INC.



Principal Place of Business

P O BOX 2147
TRENTON FL 32693

Mailing Address

P O BOX 2147
TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

59-3435585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

21 409 E. No. Main St.

2a. Mailing Address

26 P.O. Box 2147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Trenton, Fl.

City & State

28 Trenton Fl.

Zip

24 32693

Country

25 Gibchrist

Zip

29 32693

Country

30 Gibchrist

9. Name and Address of Current Registered Agent

LINDSEY, C D

115 NW 1ST STREET
TRENTON FL 32693

10. Name and Address of New Registered Agent

81 Name

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

409 No. Main St.

83

84 City

Trenton

FL

85 Zip Code

32693

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 D ☐ DELETE

NAME LINDSEY, CHARLES D

STREET ADDRESS 819 SW 103 ST

CITY-ST-ZIP TRENTON FL 32693

TITLE D ☐ DELETE

NAME LINDSEY, CHARLES D JR.

STREET ADDRESS P O BOX 344 N/A

CITY-ST-ZIP TRENTON FL 32693

TITLE D ☒ DELETE

NAME GRAFF, ROBERT W JR

STREET ADDRESS 7301 W UNIVERSITY AVE STE 142

CITY-ST-ZIP GAINESVILLE FL 32607

TITLE D ☐ DELETE

NAME LINDSEY, CAROLYN J

STREET ADDRESS 819 S W 103 ST

CITY-ST-ZIP GAINESVILLE FL 32693

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 on 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)