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

Mailing Address

7003 S. MANHATTAN-AVENUE

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000029139 (7)

BUDDY'S NETS, INC.

Principal Place of Business

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

7003 8. MANHATTAN AVENUE

TAMPA-FL-830	TAMPA FL-23616		DO NO1 WF	DO NOT WRITE IN THIS SPACE	
				<ol> <li>Date Incorporated or Qualifit</li> <li>03/31/1997</li> </ol>	ed
	ace of Business S. MACDIII	28. Mailing Address	13315	4. FEI Number 59-344112	Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Tarr	pa. Ma.	City & State  28 Tampay	tla	6. Election Campaign Financin Trust Fund Contribution	9 \$5.00 May Be Added to Fees
24 Zip 33L	oll 25 Hilkborg	20 3368 1 30	Millshor	Personal Property Tax due J	
	g. Name and Address of Current F	legistered Agent		10. Name and Address of New	Registered Agent
CLYATT, GEORGE E.SR. 848 1827 ( Luc. E.   61   Name					
7003 8 MATHEMATISE Avedington Shores 82 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 93616					
-PA-Bot-13315 3(4, 55 106 B)					
	June Ula	22/21	84 City		85 Zip Code
	terripa x	1 2000	OH City		FL   S   Z   F   GOLD
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature i typi-d or printera harmin of registered as intra	or the tage sable (NOTE R	legistered Agent signature i		DATE
12.	OFFICERS AND I		13.		FFICERS AND DIRECTORS IN 12
TITLE		DELETE	1.1 TITLE	VIC- Pres. Tres.	Change Addition S
NAME .			1.2 NAME	Earlene Eische	in i
STREET ADDRESS			1.3 STREET ADDRESS	848 1801 aue.	ε. <u> </u>
CITY-ST-ZIP			14 CiTY-ST-ZIP	hedinaton shor	46 3870Y B
TITLE 6		☐ DELETE	21 TITLE	3-21	☐ Change ☐ Addition C
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CHY-ST-ZIP		ł
TITLE		DELFTE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELLTE	41 III) F		Change Addition

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.

4. 2 NAME

5.1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

4.4 City - St - ZIP

M. CONT

DELFTE

DELETE

5696

-06/19/98--01073 -009 \*\*\*150.08

Change

Addition

Addition

**FILED** 

Jun 18 1998 8:00am

Secretary of State