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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000037089 (4)

NETFAQ, INC.

FILED Jun 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 12186 N HIGHWAY 27 12188 N HIGHWAY 27 OCALA FL 34482 OCALA FL 34482 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/24/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 258 S, BAYSHORE DR 259 S. BAYSHORE DR Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be VALPARAISO, VALPARAISO, Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 30 BKALDOSK 25 OKALOOSA 29 32580 Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 KNOWLES. LYNWOOD E NOWL 12188 NW HIGHWAY 27 62 **OCALA FL 34482** 63 84 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRESIDENT DELETE TITLE 1.1 TITLE ROBERT BAIN NAME 1.2 NAME 117 BRANDY RUN RD BAYSHONE DRIVE STREET ADDRESS 1.3 STREET ADDRESS PARAISO, FL BRANDON, MS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE TITLE LYNWOOD E. KNOWIES NAME 2.2 NAME B S. BAYSHORE DRIVE STREET ADDRESS 2.3 STREET ADDRESS VALPARAISO, FL 32580 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition 3.1 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP 1 DUCCESTED Change DELETE 61 TITLE TITLE NAME 6.2 NAME -07/01/93--01011--040 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-7P 64 CITY-ST-ZIP 14. Thereby 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