

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

FILED  
Jun 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000041522 (8)

1. Corporation Name  
PRIME COMP NETWORK, INC.

Principal Place of Business  
1325 SAN MARCO BLVD  
SUITE 801  
JACKSONVILLE FL 32207

Mailing Address  
1325 SAN MARCO BLVD  
SUITE 801  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3444980

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

c/o William C. Mason  
1301 Riverplace Blvd.

Suite, Apt. #, etc.  
Ste. 1700

City & State  
Jacksonville, FL

Zip  
32207

Country  
US

9. Name and Address of Current Registered Agent

GRANGER, HARVEY  
1301 RIVERPLACE BLVD  
SUITE 1700  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Dv

1.2 NAME

Boyce, Philip

1.3 STREET ADDRESS

1301 Riverplace Blvd., Ste. 1700

1.4 CITY-ST-ZIP

Jacksonville, FL 32207

2.1 TITLE

DP

2.2 NAME

Parrett, Donald O.

2.3 STREET ADDRESS

1301 Riverplace Blvd., Ste. 1700

2.4 CITY-ST-ZIP

Jacksonville, FL 32207

3.1 TITLE

D

3.2 NAME

Thompson, Carol C.

3.3 STREET ADDRESS

1301 Riverplace Blvd., Ste. 1700

3.4 CITY-ST-ZIP

Jacksonville, FL 32207

4.1 TITLE

S

4.2 NAME

Jackson, Rebecca B.

4.3 STREET ADDRESS

1301 Riverplace Blvd., Ste. 1700

4.4 CITY-ST-ZIP

Jacksonville, FL 32207

5.1 TITLE

T

5.2 NAME

Perry, Linda

5.3 STREET ADDRESS

1301 Riverplace Blvd., Ste. 1700

5.4 CITY-ST-ZIP

Jacksonville, FL 32207

6.1 TITLE

600002566000

6.2 NAME

-06/19/98--01101--003

6.3 STREET ADDRESS

\*\*\*150.00

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.

Rebecca B. Jackson

4-24-98

904/202-4005

CR2E034 (10/97)