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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000059355 (2)**

1. Corporation Name
FIBER PLUS, INC.

Principal Place of Business

**103 EAST NELSON AVENUE
MELBOURNE FL 32935**

Mailing Address

**103 EAST NELSON AVENUE
MELBOURNE FL 32935**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

59-3454963

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

3130 Turtle mound Rd.

Suite, Apt. #, etc.

27

City & State

28

Melbourne, FL.

29

32934

Country

U.S.A.

9. Name and Address of Current Registered Agent

**WICKLINE, GRANVILLE W
3130 TURTLEMOUND ROAD
MELBOURNE FL 32934**

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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WICKLINE, GRANVILLE W**
STREET ADDRESS **103 EAST NELSON AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **STD** ☐ DELETE

NAME **BELL, KATHRYN**
STREET ADDRESS **103 EAST NELSON AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ DELETE

NAME **WICKLINE, JOAN E**
STREET ADDRESS **103 EAST NELSON AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ DELETE

NAME **BELL, GARY A**
STREET ADDRESS **103 EAST NELSON AVENUE**
CITY-ST-ZIP **MELBOURNE FL 32935**

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.

SIGNATURE: **Granville W Wickline** **GRANVILLE W Wickline** **4-18-98** **407-259-1992**

CR2E034 (10/97)