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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State: DIVISION OF CORPORATIONS

DOCUMENT # P97000059355

FIBER PLUS, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

912 EAST NEW HAVEN AVE

3630 TURTLEMOUNDRUND

MELBOURNE FL 32901

MELBOURNEFL 32934

DO NOT WRITE IN THIS SPACE

FILED

Secretary of State

05-13-1999 90002 009 ***158.75

May 13, 1999 8:00 am

3. Date Incorporated or Qualifed フ・ロフ・タ

2. Principal Place of Business 26 3130 TURTLEMOUND ROAD 912 EAST NEW HAVEN AL Suite, Apt. #. etc. Suite. Apt. #, etc.

5. Certifcate of Status Desired 6. Election Campaign Financing

4. FEI Number

\$8.75 Additional Fee Required \$5.00 May Be

Applied For

Not Applicable

=15

City & State MELBOURNE FR City & State MELBOURNE Country

Trust Fund Contribution This corporation owes the current year Intangible __

59- 345 49**6** 3

Added to Fees

☐ Yes

32901 USA Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

WICKLINE GRANVILLE 3130 TURTLEMOUND ROAD

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

MELBOURNE FL 32934

City

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.

81

83

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PI) Change ☐ Addition TITLE ☐ DELETE 1.1 TITLE WICKLINE GRANVILLE W. 103 EAST NELSON AVENUE WICKLINE GRANVILLE 1.2 NAME 912 EAST NEW HAVEN AVE STREET ADDRESS 1.3 STREET ADDRESS 32935 32901 MELBOURNE FL MELBOURNE PL 1.4 CITY-ST-ZIP CITY-ST-ZIP 570 DELETE Change ☐ Addition TITLE 57/2 2.1 TITLE MILNER KENNETH BELL KATHRYN NAME 22 NAME 103 EAST NELSON AVE 912 EAST NEW FLAVEN AVE 2.3 STREET ADDRESS STREET ADDRESS 32935 32901 MELBOURNE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP FLRUURNE ☐ Addition TITLE 3.1 TITLE Change WICKLINE JOAN E. WICKLINE JOAN 3.2 NAME NAME 912 EAST NEW HAVEN AVE. STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL 32901 MELBOURNE, FL 32P35 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE BELL GARY A 103 EAST NELSON AVE. JACKMAN RAYMOND NAME 4. 2 NAME 912 EAST NEW HAVEN AVE STREET ADDRESS 4.3 STREET ADDRESS 32935 MELBOURNE FL MELBOURNEFL CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition TITLE □ DELETE Change 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE: