

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90010 044 ***150.00

DOCUMENT # P97000064087

1. Corporation Name

PALM COAST-FLAGLER INTERNET, INC.

Principal Place of Business

405 EAST MOODY BLVD.
BUNNELL FL 32110

Mailing Address

405 EAST MOODY BLVD.
BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

59-3475047

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 31 Old Kings Rd

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Palm Coast FL

Zip

24 32110

Country

25 Flagler

2a. Mailing Address

26 P O Box 2700

Suite, Apt. #, etc.

27

City & State

28 Bunnell FL

Zip

29 32110

Country

30 Flagler

9. Name and Address of Current Registered Agent

WILLIS, WILLIAM L.
40 PAUL DRIVE
PALM COAST FL 32137

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PEAVY, P.V.
STREET ADDRESS 405 EAST MOODY BLVD.
CITY-ST-ZIP BUNNELL FL 32110

TITLE VP ☐ DELETE

NAME WILLIS, WILLIAM L
STREET ADDRESS 40 PAUL LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE VP ☐ DELETE

NAME WILLIS, ZELDA
STREET ADDRESS 40 PAUL LANE
CITY-ST-ZIP PALM COAST FL 32137

TITLE ST ☐ DELETE

NAME KELLY, BEVERLY A
STREET ADDRESS 1776 OLD HAW CREEK ROAD
CITY-ST-ZIP BUNNELL FL 32110

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, with all other like empowered.

SIGNATURE:

Benjamin P. Peavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

904-437-1644

Daytime Phone #

066843

CR2E034 (11/98)