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

DOCUMENT # **P97000070840**

1. Corporation Name

CARBO NET, INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90055 002 ***150.00



Principal Place of Business Mailing Address							
1304 SWEETWATER CLUB BLVD 1304 SWEETWATER CLUB BLVD				/D.			
LONGWOOD FL 32779 LONGWOOD FL 32779							DO NOT WRITE IN THIS SPACE
US							3. Date Incorporated or Qualifed
l							08/14/1997
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
2126						~	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 Additional
22 27							5. Certificate of Status Desired
City & State City & State							6. Election Campaign Financing \$5.00 May Be
23 28				- <u> </u>			Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry			8. This corporation owes the current year Intangible
24	25	29	30	_			Personal Property Tax. Yes No
	9. Name and Address of Curre	ent Registered Agent		81	Name		10. Name and Address of New Registered Agent
COOPER, MARK O					14aille		
200 E. ROBINSON ST., STE. 865 ORLANDO FL 32801				82	Stree	t Addre	ress (P.O. Box Number is Not Acceptable)
				83			
1				00			
				84	City		FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 05	502 and 607 1508 Florida St	atutes the a	hovi	e-name	d como	oration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change wa	s authorize	d by	the cor	poration	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505,	Flonda Sta	lutes	-		
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable. (N	OTE. Registere	d Ager	nt signatur	e required	d when reinstating) DATE
12.		AND DIRECTORS	13.	<u>-</u>			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSDC	☐ DELETE	1.1 T	ΠLE		T	☐ Change ☐ Addition
NAME	DICKERSON, LORI		1.2 N	AME			
STREET ADDRESS	1304 SWEETWATER CLUB B	LVD	1.3 S	TREET	ADDRES	s	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 0	ITY-S	T-ZIP	}	
TITLE	DVP	☐ DELETE	2.1 T	ITLE		T .	Change Maddition
NAME	DICKERSON, DON R		2.2 N	AME			
STREET ADDRESS	1304 SWEETWATER CLUB B	LVD	2.3 \$	TREET	FADORES	s	. Jesa → Francisco
CITY-ST-ZIP	LONGWOOD FL 32779		2.40	TY-S	T-ZIP_		
TITLE	-	☐ DELETE	3,1 T	TLE.			☐ Change ☐ Addition
NAME			3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRES	s	
CITY-ST-ZIP				CITY-S	T-ZIP		
TITLE		☐ DELETE	4.1 T	MLE			☐ Change ☐ Addition
NAME			4.21	AME			
STREET ADDRESS			4.3 S	TREE	ADDRES	s	
CITY-ST-ZIP				ITY-S	T-ZI₽		
TITLE		☐ DELETE					☐ Change ☐ Addition
NAME			5.2 N				
STREET ADDRESS					ADDRES	9	
CITY-ST-ZIP		□ DECES		ITY-S	I-ZIP		Chase Z Addition
TITLE		☐ DELETE					☐ Change ☐ Addition │
NAME			6.2 N				
STREET ADDRESS			•		ADDRES	9	1
CITY-ST-ZIP			6.4 C	ITY-S	ı-ZIP	1	t-

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:-