

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90120 035 ***150.00

DOCUMENT # P97000084735

1. Corporation Name
INSIDE WEB, INC.

Principal Place of Business
940 FRAMLINGHAM COURT
SUITE 102
LAKE MARY FL 32746

Mailing Address
P.O. BOX 952936
LAKE MARY FL 32795-2936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3472041

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PASIEKA, ROBERT
540 N HWY 434 #172
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name James R. Leone

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

1275 Lake Heathrow Lane, Suite 115

83

84 City Heathrow

FL

85 Zip Code
32746

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

4/23/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME MEAD, THOMAS J
STREET ADDRESS 940 FRAMLINGHAM COURT
CITY-ST-ZIP LAKE MARY FL 32746

TITLE SVD ☒ DELETE
NAME PASIEKA, ROBERT
STREET ADDRESS 940 FRAMLINGHAM COURT
CITY-ST-ZIP LAKE MARY FL 32746

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 DP ☐ Change ☒ Addition
1.2 NAME Wimbish, George
1.3 STREET ADDRESS 1275 Lake Heathrow Lane Ste 115
1.4 CITY-ST-ZIP Heathrow FL 32746

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME Good, Robert
2.3 STREET ADDRESS 1275 Lake Heathrow Lane Ste 115
2.4 CITY-ST-ZIP Heathrow FL 32746

3.1 TITLE DS ☐ Change ☒ Addition
3.2 NAME Leone, James R
3.3 STREET ADDRESS 1275 Lake Heathrow Lane Ste 115
3.4 CITY-ST-ZIP Heathrow FL 32746

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Graham, Russell M
4.3 STREET ADDRESS 1275 Lake Heathrow Lane Ste 115
4.4 CITY-ST-ZIP Heathrow FL 32746

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wimbish

4-23-99

407-333-2350

Date

Daytime Phone #

CR2E034 (11/98)