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 # P98000006215

1. Corporation Name

TRUSTLINE NETWORKS, INC.

Р	rin	cipal	Place	of	Business	
_	_					

Mailing Address

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90112 046 ***150.00



rtilicipal riace of business	Maining / Ida / Coo								
P O BOX 13407 TALLAHASSEE FL 32317	P O BOX 13407 TALLAHASSEE FL 32317			DO NOT WRITE IN TH	S SPACI	E .			
				3. Date Incorporated or Qualifed					
				01/21/1998					
2. Principal Place of Business	2a. Mailing Address		•	4. FEI Number		Applied For			
a	26			59-3492486		Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees			
Zip Country		untry		This corporation owes the current year I Personal Property Tax.	ntangible Yes				
9. Name and Address of Current	the second secon	1		10. Name and Address of New Registere	d Agent				
IRWIN, HARRIET C		81	Name						
1200 THOMASVILLE RD TALLAHASSEE FL 32303			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
			83						
		84	City ·	F	L 85	Zip Code			
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the a	above	-named corpor	ration submits this statement for the purpose	of changi	ng its registered			

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agona , a	The state of the s				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTI	: Registered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
TIÈLE	D DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	IRWIN, HARRIET C	1.2 NAME		_	
STREET ADDRESS	P O BOX 13407 N/A	1.3 STREET ADDRESS			
CITY-ST-ZJP	TALLARASSEE FL 32317	1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME	Jales		
STREET ADDRESS		2.3 STREET ADDRESS	X all		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	6710		
TITLE	☐ DELETE	3.1 TTTLE	N. A. West	Change	☐ Addition
NAME		3.2 NAME	1/11/2		
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.A.CITY-SI-ZIP	/		
TITLE	☐ DELETE	4.1 FILE		☐ Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	/	4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CfTY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADORESS		6.3 STREET ADDRESS	i		
CITY-81-ZIP		6.4 CITY+ST-ZIP			

| 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.

PROFIT CORPORATION ANNUAL REPORT YEAR: 1999

DOCUMENT#

Title

Name

St. Address

City-St-Zíp

P98000006215

Corporation Name:
 TRUSTLINE NETWORKS, INC.

2. Principal Place of Business:

3. Date Incorporated or Qualified:

2a. Mailing Address:

4. FEI Number:

DELETE

Title

Name

1200 Thomasville Road Tallahassee, FL 32303 P.O. Box 32317 Tallahassee, FL 32317 29352.9011246

Change

(850) 425-1944

X Addition

59-3492486 1/21/98 9. Name and Address of Current Registered Agent: Irwin, Harriet C. 1200 Thomasville Road Tallahassee, FL 32303 13. ADDITIONS/CHANGES & DIRECTORS IN 12 12. OFFICERS AND DIRECTORS: x Change Addition Title D DELETE Title P/D IRWIN, HARRIET Name Name St. Address PO Box 13407 N/A St. Address 1200 Thomasville Road City-St-Zip Tallahassee, FL. 32303 City-St-Zip TALLAHASSEE, FL 32317 Change X Addition Title DELETE David P. Farley Name Name St. Address 265 South Nokomis Avenue St. Address City-St-Zip Venice, FL 34285 City-St-Zip X Addition Change DELETE Title Title Dolores (Dee) Garcia Name Name St. Address 201 E. Kennedy Blvd, Ste 1800 St. Address City-St-Zip Tampa, FL 33602 City-St-Zip

> VP/S J. Robin Skinner

St. Address 1200 Thomasville Road

City-St-Zip Tallahassee, FL 32303

3-30-99