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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90075 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000025634

1. Corporation Name

NETWORK VIDEO OF ENGLEWOOD, INC.

Principal Place of Business

2362 RISKEN TERRACE  
PORT CHARLOTTE FL 33981

Mailing Address

2362 RISKEN TERRACE  
PORT CHARLOTTE FL 33981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1998

4. FEI Number

45-0823089

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

2. Principal Place of Business

21 228 S. INDIANA AVE

Suite, Apt. #, etc.

22

City & State

23 Englewood, FL

Zip

24 34223

Country

25 USA

2a. Mailing Address

26 P. O. BOX 3246

Suite, Apt. #, etc.

27

City & State

28 Port Charlotte, FL

Zip

29 33949

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

LARRY OATHOUT

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

2362 Risken Ter

83

84 City

PT Charlotte

FL

85 Zip Code

33981

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 not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OATHOUT, LARRY E

STREET ADDRESS 2362 RISKEN TERRACE

CITY-ST-ZIP PORT CHARLOTTE FL 33981

TITLE P ☐ DELETE

NAME OATHOUT, LARRY

STREET ADDRESS 2362 Risken Ter

CITY-ST-ZIP PT. CHARLOTTE FL 33981

TITLE VST ☐ DELETE

NAME OATHOUT, GLENDA

STREET ADDRESS 2362 RISKEN

CITY-ST-ZIP PT CHARLOTTE FL 33981

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 ☐ 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:

SIGNATURE REQUIRED

4-28-99

Date

Daytime Phone #

94' 475-4794

CR2E034 (11/98)