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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000047350 1. Corporation Name

800 Direct, Inc.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc. 2nd Floor

24

Mailing Address

2a. Mailing Address

City & State

29

Suite, Apt. #, etc.

33734-6387 30

1100 Pinellas Bayway, S L-4 Tierra Verde, FL 33715

2600 9th Street N.

City & State St. Petersburg, FL

Thomas L. Kenny

Country USA

1100 Pinellas Bayway, S. L-4

Tierra Verde, FL 33715

9. Name and Address of Current Registered Agent

1100 Pinellas Bayway, S L-4 Tierra Verde, FL 33715

P.O. Drawer 76387

St. Petersburg, FL

May 15, 1999 8:00 am Secretary of State

05-15-1999 90026 042 ***150.00

DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualifed				_	
05/27/1998					
4. FEI Number		xx'	Applied For		
				:	
5. Certifcate of Status Desired		\$8.75 Additional Fee Required		_	
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
This corporation owes the curre Personal Property Tax.	ent year l	ntangible Yes	₩No		
10. Name and Address of New R	legistere	d Agent			
adley J. Wood					
ss (P.O. Box Number is Not Accepta	ible) 1			_	
	3. Date Incorporated or Qualifed 05/27/1998 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the curr Personal Property Tax. 10. Name and Address of New F adley J. Wood ss (P.O. Box Number is Not Accepta	3. Date Incorporated or Qualifed 05/27/1998 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year I Personal Property Tax. 10. Name and Address of New Registere	3. Date Incorporated or Qualifed 05/27/1998 4. FEI Number 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent adley J. Wood ss (P.O. Box Number is Not Acceptable)	3. Date Incorporated or Qualifed 05/27/1998 4. FEI Number \$ X Applied For Not Applicable 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Election Campaign Financing St.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent adley J. Wood ss (P.O. Box Number is Not Acceptable)	

St. Petersburg 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. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

Country

USA

82

83

84 City 2nd Floor

agent. I am familiar with, and accept the obligations of, Section 507.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent and title if appli	cable (NOTE: Re	egistered Agent signature re	equired when reinstating)	04/28/	77	<u> </u>			
12.	OFFICERS AND DIRECTO		13.							
TITLE	D	⊠ DELETE	1.1 TITLE	D		Change	Addition			
NAME	KENNY, Thomas L.		1.2 NAME .	Bradley J. Wood						
STREET ADDRESS	1100 Pinellas Bayway S.	L-4	1.3 STREET ADDRESS	2600 9th Street	North, 2nd	Floor				
CITY-ST-ZIP	Tierra Verde, FL 33715	,	1.4 CITY-ST-ZIP	St. Petersburg.	FL 33704					
TITLE	110114 ,0140, 12 ,00, 20	☐ DELETE	2.1 TITLE	D -		☐ Change	★ Addition			
NAME			22 NAME	Brian L. Blair						
STREET ADDRESS			2.3 STREET ADDRESS	2600 9th Street	North, 2nd	Floor				
CITY-ST-ZIP	•		2.4 CITY-ST-ZIP	St. Petersburg,	FL 33704					
TITLE		☐ DELETE	3.1 TITLE	•		☐ Change	Addition			
NAME			3.2 NAME			•				
STREET ADDRESS			3.3 STREET ADDRESS	•			·			
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE			Change	Addition			
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP				☐ Adeition			
TITLE		□ DELETE	5.1 TiTLE			Change	☐ Addition			
NAME	1		5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP			CT Channel	Addition			
TITLE		☐ DELETE	6.1 TITLE		•	Change	LT vegunou			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
i l			# 64 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

E OF SIGNING OFFICER OR DIRECTOR

Bradley J. Wood

CR2E034 (11/98)