


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90171 012 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000057138

1. Corporation Name  
**HIGH NET INC.**

Principal Place of Business

201 PARK AVE.  
 SANFORD FL 32771

Mailing Address

201 PARK AVE.  
 SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

58-3536799

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

21 959 SHARVAT CIRCLE  
 Suite, Apt. #, etc.

2a. Mailing Address

26 959 SHARVAT CIRCLE  
 Suite, Apt. #, etc.

City &amp; State

23 LAKE MARY FL  
 Zip Country

City &amp; State

28 LAKE MARY FL  
 Zip Country

24 32746

25

29 32746

30

9. Name and Address of Current Registered Agent

**SMALLEY, WILLIAM D**  
**959 SHARVAT CIRCLE**  
**LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME WILLIAM D. SMALLEY  
 STREET ADDRESS 959 SHARVAT CIRCLE  
 CITY-ST-ZIP LAKE MARY FL 32746

TITLE SECRETARY ☐ DELETE

NAME WILLIAM D. SMALLEY  
 STREET ADDRESS "AS ABOVE"  
 CITY-ST-ZIP

TITLE CHAIRMAN/SECRETARY ☐ DELETE

NAME WILLIAM D. SMALLEY  
 STREET ADDRESS "AS ABOVE"  
 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE

NAME WILLIAM D. SMALLEY  
 STREET ADDRESS "AS ABOVE"  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
 STREET ADDRESS  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)