

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90066 040 ***150.00

DOCUMENT # P98000063413

1. Corporation Name

2 BROTHERS INTERNET SERVICES, INC.

Principal Place of Business

6822 22ND AVE. NO.
ST. PETERSBURG FL 33710

Mailing Address

6822 22ND AVE. NO.
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

59-3522191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 6822 22ND AVEN

Suite, Apt. #, etc.

22 Suite 194

City & State

23 St Petersburg FL

Zip

24 33710

Country

25 USA

2a. Mailing Address

26 6822 22ND AVEN

Suite, Apt. #, etc.

27 Suite 194

City & State

28 St Petersburg FL

Zip

29 33710

Country

30 USA

9. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DR.#37
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

THOMAS RAMSDELL

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

6822 22ND AVEN

83

Suite 194

84 City

St Petersburg

FL

85 Zip Code

33710

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 Thomas Ramsdell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME RAMSDELL, THOMAS A
STREET ADDRESS 6822 22ND AVE. NO. Suite 194
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE VP ☐ DELETE

NAME EDWARD ALLEN
STREET ADDRESS 1142 HUFFING RD LOT#1
CITY-ST-ZIP JOHNSON CITY TENN 37604

TITLE ~~SECRETARY~~ ☐ DELETE

NAME DAWN RAMSDELL
STREET ADDRESS 6822 22ND AVEN Suite 194
CITY-ST-ZIP St Petersburg FL 33710

TITLE Tres ☐ DELETE

NAME DAWN RAMSDELL
STREET ADDRESS 6822 22ND AVEN Suite 194
CITY-ST-ZIP St Petersburg FL 33710

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

☐ Change

☐ Addition

1.1 TITLE
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: DAWN RAMSDELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-26-99
727-458-4040
Daytime Phone #

0409307

CR2E034 (11/98)