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 # P9800090494

1. Corporation Name

LIGHTNING ACCESSINET, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90192 017 ***150.00



Principal f'lac		Mailing Address						
RT #1, BOX 92		PT #1. BOX 927 MAYO FL 32066						
MAYO FL 32066	0	MATO FL 32000			DO NOT WRITE IN THIS SPACE			
					3. Date ncorpora	ted or Qualifed		
					10/23/1998			
2. Princip al P	lace of Business	2a. Mailing Address	_		4. FEI Number		Ap	plied For
21 629	8 S. Ohio AUE	. 26			65-08	93386	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of St	_	\$8.75 / Fee Re	
City & Stat		City & State			6, Election Camp	aign Financing	\$5.00	May Be
23 LiV		28			Trust Fund Co		Added t	•
Zip	Country	Zip	Count	у	8. This corporation	n owes the current yea	r Intangible	
24 3 26	06D 25 SUWANNES	29	30		Personal Prop	erty Tax.	Yes	₽No
	9. Name and Address of Currer	t Registered Agent			10. Name and Ad	dress of New Registe	red Agent	
			8	1 Name				
MAR	ILER, RICHARD E JR		8	Stroot	Address (P.O. Box Number	r is Not Accentable)		
RF #1, BOX 927 MAYO FL 32066			8					
WAT	0 1 L 0E000		8				85 Zip (ode
	to the provisions of Sections 607.050			′		•	" L	
SIGNATU RE	Signature, typed or printed n ame of registered age	t and title if applicable (NOT	E: Registered Ag	ent signature	re juired when reinstating) ADDIT ONS/CH	DATE ANGES TO OFFICERS		RS IN 12
TITLE	· — — — — — — — — — — — — — — — — — — —	DELETE	1.1 TITLE		T ADDIT ONS/OR	ANGES TO OFFICERS	☐ Change	Addition
NAME	PD		1.2 NAME				_ ,	_
	MARLER, RICHARD E JR		- 1	ET ADDRESS				
STREET ADDRESS	, ••		1.4 CITY-					
CITY-ST-ZIP TITLE	MAYO FL 32066	☐ DELETE	2.1 TITLE	31-21	 		☐ Change	Addition
NAME	STD MARLER, RICHARD E JR		2.2 NAME					
STREET ADDRESS	}			ET ADDRESS				
CITY-ST-ZIP	MAYO FL 32066		2.3 3 TKL					
TITLE	MATO 1 E 32000	DELETE	3.1 TITLE		 	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME		- -	3 2 NAME					
STREET ADDRESS				ET ADDRESS	,			
CITY-ST-ZIP			34 CITY					
TITLE		☐ DELETE	4 1 TITLE				Change	Addition
NAME			4. 2 NAM	Ē				
STREET ADDRESS.			4.3 STRE	ET ADDRESS	;			
CITY-ST-ZIP			4 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	L			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADORESS			6.3 STRE	ET ADDRESS				
	1		64 CITY	ST. 7IP				

14. There by certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indical ed 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: