

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90126 009 ***150.00

DOCUMENT # P98000091151

1. Corporation Name

GROUP ONE NETWORKS, INC.

Principal Place of Business
~~7618 CENTRAL PARK CIRCLE
TAMPA FL 33637~~

Mailing Address
~~7618 CENTRAL PARK CIRCLE
TAMPA FL 33637~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

593538575

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. 50 S Belcher Rd

Suite, Apt. #, etc.

22. 107

City & State

23. Clearwater FL

Zip

24. 33765

Country

25. Pinellas

2a. Mailing Address

26. SAME

Suite, Apt. #, etc.

27.

City & State

28.

Zip

29.

Country

30.

9. Name and Address of Current Registered Agent

NICHOLSON, JAMES L

~~7618 CENTRAL PARK CIRCLE~~

~~TAMPA FL 33637~~

10. Name and Address of New Registered Agent

81. Name

Nicholson, James L.

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

50 S. Belcher Rd

83.

Suite 107

84. City

Clearwater

FL

85. Zip Code

33765

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NICHOLSON, JAMES L

STREET ADDRESS ~~7618 CENTRAL PARK CIRCLE~~

CITY-ST-ZIP ~~TAMPA FL 33637~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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

PP Nicholson, James L.

1.3 STREET ADDRESS

50 S. Belcher Rd # 107

1.4 CITY-ST-ZIP

Clearwater FL 33765

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:

James L. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-98 727 4435600

CR2E034 (11/98)