**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000108449 1. Corporation Name

NET READY CONNECTIONS, INC.

Principal	Place	of	Business
rincipal	I lace	٠.	Dusinious

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90284 020 \*\*\*150.00



Principal Place of Business Mailing Address					
5801 PINEY LANE DR.		5801 PINEY LANE DR.			
TAMPA FL 33625		TAMPA FL 33625			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 12/31/1998
2. Principal Pl	lace of Business	2a. Mailing Address			A FEI Number Anglied For
21	<del>-</del> -	26			56-1979898 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23	<u> </u>	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible
24	25	29 3	<u> </u>		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		F 84	10. Name and Address of New Registered Agent
GREC	O, FRANK J		81	Name	e Patrick M. Saule
	N. WESTSHORE BLVD.,STE.750		82	Street	et Address (P.O. Boy Number is Not Acceptable)
	A FL 33607		83	}	5801 VINCY CONE VI-
TOWN.	A 1 E 00007		03	1	,
			84	City ,	Tampa FL 85 Zip Code 25
11 Durauant	to the provisions of Sections 607/0502	and 607 1508. Florida Statutes	the abov	e-named	and comporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	orized by	the corpo	rporation's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obligati	ons of Section 607 gods, Florid	a Signile	Park	101-10-11 MT 4/72/99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	nt signature r	re required when reinstating)  DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME,	BOWLER, PATRICK		1.2 NAME		
STREET ADDRESS	5801 PINEY LANE DR.		1.3 STREE	TADDRESS	ss
CITY-ST-ZIP	TAMPA FL 33625		1.4 CITY-5	ST-ZIP	
	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRICK, JAMES A SR.		2.2 NAME		
STREET ADDRESS	9212 HIGHLAND RIDGE WAY		2.3 STREE	T ADDRESS	ss
CITY-ST-ZIP	TAMPA FL 33647		2.4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	ss
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREE	TADDRESS	ss
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	
ΠΙΈ		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADDRESS	SS
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	TADDRESS	ss

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 officer or director of the corporation or the receiver Block 12 or Block 13 if changed, or on an attempt.

6.4 CITY-ST-ZIP

SIGNATURE: