FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00769 (2)

1. Corporation Name
MULTINET, INC.

Principal Place of Business	Mailing Address
5860 OLD TIMUQUANA ROAD SUITE 2 JACKSONVILLE FL 32210-7677	5860 OLD TIMUQUANA ROAD SUITE 2 JACKSONVILLE FL 32210-7677

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 1909 DeBARRY AVE
Suite, Apt. #, etc. (22):
City & State (23): ORANGE PARK, FL
Zip (24): 32073
Country (25): CLAY

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29):
Country (30):

4. FEI Number: 59-3101854 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIFFIN, TERRY L.
5860 OLD TIMUQUANA ROAD
SUITE 2
JACKSONVILLE FL 32210-4997

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1909 DeBARRY AVE
83:
84 City: ORANGE PARK FL 85 Zip Code: 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when qualifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	GRIFFIN, TERRY L	12 NAME	
STREET ADDRESS	5860 OLD TIMUQUANA RD	13 STREET ADDRESS	1909 DeBARRY AVE
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	GRIFFIN, TRACEY G	22 NAME	
STREET ADDRESS	5860 OLD TIMUQUANA RD	23 STREET ADDRESS	1909 DeBARRY AVE
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	PASSWATER, CHERYL	32 NAME	
STREET ADDRESS	6957 DEAUVILLE RD	33 STREET ADDRESS	2142 AZALEA LANE
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	ORANGE PARK, FL 32073
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Cheryl Passwater - Cheryl Passwater, VP 4/20/15 904 2789500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0616000 CP