FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jan 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M89932 (1) VOICE PROCESSING, INC. Principal Place of Business Mailing Address 6361-101 PRESIDENTIAL COURT 6361-101 PRESIDENTIAL COURT FT. MYERS FL 33919 FT. MYERS FL 33919 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1988 4. FEI Number Bentower In BELL TOWOLL [D 65-0060745 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country USA 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ₿1 Name CROKE, PHILIP E. 5731 GRILLET PLACE 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33907 83 84 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 (de if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13.

Zip Code

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT DELETE 1.1 THLE **Crange** ___ Addition

TITLE CROKE, PHILIP E. NAME 1.2 NAME **5731 GRILLET PLACE** STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition NAME CROKE, SHARON A. 2.2 NAME **5731 GRILLET PLACE** STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE THILE 3.1 TITLE . Addition NAME CINDA MGBE STREET ADDRESS 3 3 STREET ADDRESS NY 10980 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 particles 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 particles of the corporation or the receiver of the corporation of the corporati

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Applied For

Not Applicable