

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041710 (2)

1. Corporation Name

VOICE-TEL OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

3733 UNIVERSITY BLVD. WEST
SUITE 116
JACKSONVILLE FL 32217

922 MAYFAIR RD.
AKRON OH 44303

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
34-1664108

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

10. Name and Address of New Registered Agent

BOARDMAN, NANCY
3733 UNIVERSITY BLVD. WEST
SUITE 116
JACKSONVILLE FL 32217

81 Name

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

83

84 City

FL 85 Zip Code

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 type 1 for printed name of registered agent or director. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WELSH, KATHRYN H
STREET ADDRESS 922 MAYFAIR ROAD
CITY-ST-ZIP AKRON OH 44303

1.1 TITLE V/T/D ☒ Change ☐ Addition
1.2 NAME WELSH, KATHRYN H
1.3 STREET ADDRESS 922 MAYFAIR ROAD
1.4 CITY-ST-ZIP AKRON OH 44303

TITLE D ☐ DELETE
NAME WELSH, WILLIAM E
STREET ADDRESS 922 MAYFAIR ROAD
CITY-ST-ZIP AKRON OH 44303

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME WELSH, WILLIAM E
2.3 STREET ADDRESS 922 MAYFAIR ROAD
2.4 CITY-ST-ZIP AKRON OH 44303

TITLE D ☐ DELETE
NAME BOARDMAN, NANCY
STREET ADDRESS 3733 UNIVERSITY BLVD. WEST, #116
CITY-ST-ZIP JACKSONVILLE FL 32217

3.1 TITLE V/D ☒ Change ☐ Addition
3.2 NAME BOARDMAN, NANCY
3.3 STREET ADDRESS 3733 UNIVERSITY BLVD., WEST, #116
3.4 CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: Kathryn H. Welsh Kathryn H. Welsh

2/9/96 216-864-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)