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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000082454 (7)**

1. Corporation Name
TECHNICAL ANSWER GROUP, INC.

Principal Place of Business	Mailing Address
3510 1ST AVE. N. STE 224 ST. PETERSBURG FL 33713	3510 1ST AVE. N. STE 224 ST. PETERSBURG FL 33713-8419

3. Date Incorporated or Qualified: 11/07/1994
3a. Date of Last Report: 05/29/1996

2. Principal Place of Business
21: 1401 JOHNSON FERRY Rd
Suite, Apt. #, etc.
22: 328-E46
City & State
23: MARIETTA, GA
Zip 24: 30062-8115 Country 25: USA

2a. Mailing Address
26: 1401 JOHNSON FERRY Rd
Suite, Apt. #, etc.
27: 328-E46
City & State
28: MARIETTA, GA
Zip 29: 30062-8115 Country 30: USA

4. FEI Number: 59-3275853 ☐ 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

MCILRATH, JAMES W.
3510 1ST AVENUE, N.
STE 224
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: CARPENTER, RICHARD N.
82 Street Address (P.O. Box Number is Not Acceptable): 1401 JOHNSON FERRY RD
83: 328-E46
84 City: MARIETTA GA FL 85 Zip Code: 30062

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 of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	CARPENTER, RICHARD	1.2 NAME	
STREET ADDRESS	3510 1ST AVE. N. #224	1.3 STREET ADDRESS	1401 JOHNSON FERRY Rd 328-E46
CITY-ST-ZIP	ST. PETERSBURG FL 33713	1.4 CITY-ST-ZIP	MARIETTA, GA 30062-8115
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCILRATH, JAMES	2.2 NAME	
STREET ADDRESS	3510 1ST AVENUE, NORTH, SUITE 224	2.3 STREET ADDRESS	7941 BOGIE AV N
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBORG, FL 33710-4319
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: RICHARD N. CARPENTER 3-1-97 770-690-8608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #