

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000088852 (6)**

1. Corporation Name

HELP TOLL SERVICES, INC.



Principal Place of Business

**611 WYMORE ROAD, SUITE 220
WINTER PARK FL 32789**

Mailing Address

**611 WYMORE ROAD, SUITE 220
WINTER PARK FL 32789**

2. Principal Place of Business

2a. Mailing Address

21 Sub: Apt. #, etc.
22 City & State
23 Zip
24 Country

26 Sub: Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**WILKINS, ROBERT C JR.
230 LOOKOUT PLACE
MAITLAND FL 32751**

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

4. FEI Number

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. Does corporation have liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name **Jeri Spriggs**
82 Street Address (P.O. Box Number is Not Acceptable)
1233 Brampton Pl
83 **Heathrow, FL 32746**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.06 and 607.1506, 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 607.06, Florida Statutes.

SIGNATURE

[Signature]

Jeri Spriggs

3/15/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SPRIGGS, JERI	
STREET ADDRESS	611 WYMORE ROAD, SUITE 220	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	☐ Change ☐ Addition

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 registered agent, and that my name appears in Block 12 or Block 13 if changed or new appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 (401)629-0209

CR2E034 (12/95)