

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000038301 (4)

1. Corporation Name
VOICESWITCH, INC.



Principal Place of Business
11095 PERCHERON DRIVE
JACKSONVILLE FL 32257

Mailing Address
~~445 20TH STATE ROAD 13 N~~
~~300~~
~~JACKSONVILLE FL 32250~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3617 CROWN POINT RD.

27 Suite, Apt. #, etc
SUITE #7

28 City & State
JACKSONVILLE, FLORIDA

29 Zip Country
32257 USA

30

3. Date Incorporated or Qualified

05/15/1995

4. FEI Number

59-3315876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEREDITH ALLEN HERNANDEZ

~~445 20TH STATE ROAD 13 N, #300~~
~~JACKSONVILLE FL 32250~~

10. Name and Address of New Registered Agent

81 Name

MEREDITH ALLEN HERNANDEZ

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

3617 CROWN POINT RD. #7

83

84 City

JACKSONVILLE, FL

FL

85

Zip Code
32257

11. Pursuant to the provisions of Sections 607.01(2) 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 duties imposed by Section 607.1505, Florida Statutes.

SIGNATURE

Signature of a director, officer, or registered agent is not applicable

(NOTE: Registered Agent signature required when reinstating)

Date

4/2/98

12. OFFICERS AND DIRECTORS

TITLE PSVO
NAME MERWIN, KEITH A
STREET ADDRESS 11095 PERCHERON DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 or changes, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)