

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

**FILED**

**Oct 07 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 # P97000004147 (9)**

1. Corporation Name  
**TEL-HELP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~445 26TH STATE ROAD 13 N~~  
~~SUITE 300~~  
~~JACKSONVILLE FL 32259~~

~~445 26TH STATE ROAD 13 N~~  
~~SUITE 300~~  
~~JACKSONVILLE FL 32259~~

2. Principal Place of Business

2a. Mailing Address

21 **3617 CROWN PT. RD.**

26 **3617 CROWN PT. RD.**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **SUITE #7**

27 **SUITE #7**

City & State

City & State

23 **JACKSONVILLE, FL**

28 **JACKSONVILLE, FL**

Zip Country

Zip Country

24 **32257**

25 **USA**

29 **32257**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, MEREDITH A**  
~~445 26TH STATE ROAD 13 N~~  
~~SUITE 300~~  
~~JACKSONVILLE FL 32259~~

B1 Name  
**MEREDITH ALLEN HERNANDEZ**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**3617 CROWN PT. RD. #7**  
B3  
B4 City **JACKSONVILLE,** FL B5 Zip Code **32257**

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 607.002, Florida Statutes.

SIGNATURE *Meredith Allen Hernandez* 4/7/98  
Signature (Type or printed name of registered agent and then applicable) (Date) Registered Agent signature (Type and when reinstating) (Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SLININ, RICHARD</b>	
STREET ADDRESS	<del>445 26 STATE ROAD 13 NORTH SUITE 300</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32259</del>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ERVIN, KRIS A</b>	
STREET ADDRESS	<del>445 26 STATE ROAD 13 NORTH SUITE 300</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32259</del>	
TITLE	<del>IS</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>BUSSON, MICHAEL</del>	
STREET ADDRESS	<del>445 26 STATE ROAD 13 NORTH SUITE 300</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32259</del>	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, MEREDITH A</b>	
STREET ADDRESS	<del>445 26 STATE ROAD 13 NORTH SUITE 300</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32259</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>3617 CROWN PT. RD. #7</b>
13 STREET ADDRESS	<b>JACKSONVILLE, FL 32257</b>
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>3617 CROWN PT. RD. #7</b>
23 STREET ADDRESS	<b>JACKSONVILLE, FL 32257</b>
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<del>3617 CROWN PT. RD. #7</del>
33 STREET ADDRESS	<del>18408 98-01058-046</del>
34 CITY-ST-ZIP	<del>***550.00</del>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>10/7</b>
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>7000002661087</b>
53 STREET ADDRESS	<b>-10/12/98--01004--006</b>
54 CITY-ST-ZIP	<b>***550.00</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 changed, on an attachment with this filing.

*Meredith Allen Hernandez* 4/7/98 (am) 288-8999

CR2E034 (10/97)