

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

FILED

Apr 21 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 # P97000066071 (6)

1. Corporation Name

TECHNICAL PROVIDERS, INC.

Principal Place of Business

2855 KIRBY AVENUE N.E. SUITE 27
PALM BAY FL 32905

Mailing Address

2855 KIRBY AVENUE N.E. SUITE 27
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

59-3459953

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 2855 KIRBY AVE. N.E.

26 2855 KIRBY AVE. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2

27 SUITE 2

City & State

City & State

23 PALM BAY, FL

28 PALM BAY, FL

Zip

Country

Zip

Country

24 32905

25

29 32905

30

US

9. Name and Address of Current Registered Agent

TALBERT, NANCY D
1203 KNECHT ROAD N.E.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name LELINOR A. HELTON
82 Street Address (P.O. Box Number is Not Acceptable)
2855 KIRBY AVE. N.E.
83 SUITE 2
84 City PALM BAY FL 85 Zip Code 32905

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

Leonor A. Helton

4/13/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TALBERT, NANCY D	
STREET ADDRESS	1203 KNECHT ROAD N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	HELTON, LELINOR	
STREET ADDRESS	2855 KIRBY AVE. N.E. #2	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARRY J. HELTON	
STREET ADDRESS	2855 KIRBY AVE. N.E. #2	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

Leonor A. Helton

4/13/98

407 951-7876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01000000

CR2E034 (10/97)