

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Mar 20 1998 8:00am  
Secretary of State

DOCUMENT # P97000096240 (1)

1. Corporation Name

HIGH TECH TALK, INC.

Principal Place of Business

2414 CYPRUS SPRINGS ROAD  
ORANGE PARK FL 32073

Mailing Address

2414 CYPRUS SPRINGS ROAD  
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

2. Principal Place of Business

21 2414 CYPRESS  
Suite, Apt. #, etc. SPRINGS RD

2a. Mailing Address

26 2414 CYPRESS  
Suite, Apt. #, etc. SPRINGS RD

4. FEI Number

59-3481784

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

23 City & State  
ORANGE PARK FL

28 City & State  
ORANGE PARK FL

24 Zip  
32073

25 Country  
US

29 Zip  
32073

30 Country  
US

9. Name and Address of Current Registered Agent

GUSTINO, JAMES A  
2180 PARK AVE. NORTH, STE. 324  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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

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  
NAME JACKMORE, WILLIAM  
STREET ADDRESS 2328 COVINGTON CREEK CIRCLE WEST  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D  
NAME MATHEWS, JON F  
STREET ADDRESS 2414 CYPRUS SPRINGS ROAD  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

JON F. MATHEWS

PRESIDENT

3-17-98 904-328-0169

CR2E034 (10/97)