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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J55448

(1)

USA FINANCIAL SERVICES, INC.

FILED

Apr 14 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 2302 N NINTH AVE 2302 N NINTH AVE PO BOX 9578 PO BOX 9578 DO NOT WRITE IN THIS SPACE PENSACOLA FL 32513 PENSACOLA FL 32513 3. Date Incorporated or Qualified 01/27/1987 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-2759926 Not Applicable 21 26 Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes □ No Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name STROHMEIER, DAVID W. 2302 N NINTH AVE Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ■ DELETE 1.1 TITLE Change TITLE STROHMEIER, DAVID W. 1.2 NAME NAME 2302 N. NINTH AVE. 1.3 STREET ADDRESS STREET ADDRESS **PENSACOLA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition DELETE Change TITLE UNDERWOOD, WAYNE 2.2 NAME NAME 2302 N. NINTH AVE. 2.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE ANDERSON, RON 3.2 NAME NAME 2302 N. NINTH AVE. 3.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS 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 chapped, or on an attachment with an address.

SIGNATURE

04/06/98

(850) 434-5526