

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90123 016 ***150.00

0394028

DOCUMENT # 416202

1. Corporation Name

MERCHANTS ASSOCIATION INFORMATION SERVICES DIVISION INC

Principal Place of Business

C/O RICHARD C. SWIRBUL
134 SOUTH TAMPA STREET
TAMPA FL 33602

Mailing Address

C/O RICHARD C. SWIRBUL
134 SOUTH TAMPA STREET
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1973

4. FEI Number

59-1448585

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SWIRBUL, RICHARD C.
134 SOUTH TAMPA STREET
TAMPA FL 33602

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, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/99

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME CURTIS, FLYNN T.
STREET ADDRESS 134 SOUTH TAMPA STREET
CITY-ST-ZIP TAMPA, FL 00000

TITLE S ☐ DELETE

NAME MEADOR, CAROL JO
STREET ADDRESS 134 S TAMPA ST
CITY-ST-ZIP TAMPA, FL 00000

TITLE T ☐ DELETE

NAME WILLIAMS, JIMMY
STREET ADDRESS 10600 FORE DR
CITY-ST-ZIP TAMPA, FL 00000

TITLE D ☒ DELETE

NAME BUTCHER, JACK
STREET ADDRESS 701 CHANNELSIDE DR
CITY-ST-ZIP TAMPA FL

TITLE P ☐ DELETE

NAME SWIRBUL, RICHARD
STREET ADDRESS 134 SOUTH TAMPA STREET
CITY-ST-ZIP TAMPA, FL 00000

TITLE D ☐ DELETE

NAME KRATT, MICHAEL I
STREET ADDRESS 200 N TAMPA ST #118
CITY-ST-ZIP TAMPA FL

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 134 South Tampa Street

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS 19321-C US HWY 19 NORTH
4.4 CITY-ST-ZIP CLEARWATER, FL 33764

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard C. Swirbul, President 1/4/99 813 273-7702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)