FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

DOCUMENT # 467551 (8)

1. Corporate Name

PROFESSIONAL CREDIT SERVICE, INC. OF BREVARD COUNTY

Principal Place of Business: 350 STATE RD 427 SOUTH, LONGWOOD FL 32750, US

Mailing Address: P O BOX 520786, LONGWOOD FL 32752, US

3. Date Incorporated or Qualified	3a. Date of Last Report
01/15/1975	03/21/1994

4. FEI Number: 59-1621259 — 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. ... Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21–25) · 2a. Mailing Address (26–30)

9. Name and Address of Current Registered Agent

FORREST, HARRY W
350 STATE RD 427 SOUTH
LONGWOOD FL 32750

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 617.0502, 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 s. 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FORREST, HARRY W
STREET ADDRESS	350 STATE RD 427 SOUTH
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition (TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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: *Harry W. Forrest* HARRY W Forrest 4-28-95 407-339-7576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Title · Daytime Phone #

0415094 FP