

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90011 046 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 528731**

1. Corporation Name  
**CREDIT DATA SERVICES, INC.**

Principal Place of Business  
**1802 S. FISKE BLVD., STE. 101  
ROCKLEDGE FL 32955**

Mailing Address  
**1802 S. FISKE BLVD., STE. 101  
ROCKLEDGE FL 32955**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/07/1977**

4. FEI Number

**59-1724334**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1901 S. Harbor City Blvd.**

2a. Mailing Address

26 **1901 S. Harbor City Blvd.**

Suite, Apt. #, etc.

22 **Suite 400**

Suite, Apt. #, etc.

27 **Suite #400**

City & State

23 **Melbourne FL**

City & State

28 **Melbourne FL**

Zip

24 **32901**

Country

25 **US**

Zip

29 **32901**

Country

30 **US**

9. Name and Address of Current Registered Agent

**CHAFFIOT, ROBERT R  
1802 S. FISKE BLVD., STE. 201  
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81 Name **Robert A. Brackett**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1901 S. Harbor City Blvd.**  
83 **Suite #400**  
84 City **Melbourne** 85 Zip Code **FL 32901**

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	DT	<input type="checkbox"/> DELETE
NAME	BRACKETT, ROBERT L	
STREET ADDRESS	2066 14TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAFFIOT, ROBERT	
STREET ADDRESS	8 RIVER RIDGE DR	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HANENBURG, DONALD T	
STREET ADDRESS	511 SHORES DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRACKETT, ROBERT L	
STREET ADDRESS	2066 14TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHAFFIOT, MARK	
STREET ADDRESS	1802 S FISKE BLVD., STE. 101	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert L. Brackett	
1.3 STREET ADDRESS	2066 14th Avenue	
1.4 CITY-ST-ZIP	Vero Beach, FL 32960	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Chaffiot	
2.3 STREET ADDRESS	8 River Ridge Drive	
2.4 CITY-ST-ZIP	Rockledge FL 32955	
3.1 TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Donald T. Hanenburg	
3.3 STREET ADDRESS	655 Woodbridge Drive	
3.4 CITY-ST-ZIP	Melbourne FL 32940	
4.1 TITLE	Secretary / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert A. Brackett	
4.3 STREET ADDRESS	2066 14th Avenue	
4.4 CITY-ST-ZIP	Vero Beach FL 32960	
5.1 TITLE	Treasurer / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	mark Chaffiot	
5.3 STREET ADDRESS	1802 S. Fiske Blvd., Ste. 101	
5.4 CITY-ST-ZIP	Rockledge FL 32955	
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

407-984-2820

CR2E034 (11/98)