FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:22

DOCUMENT # **595611** **(5)**

1. Corporation Name
MERCHANT'S SERVICES, INC.

Principal Place of Business	Mailing Address
600 NE 33 ST P O BOX 2232(33061) POMPANO BCH FL 33064	600 NE 33 ST P O BOX 2232(33061) POMPANO BCH FL 33064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/29/1978**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business
21 ~~2432~~ 2625 N E 27 ST
22 Suite, Apt. #, etc.
23 City & State: LIGHTHOUSE PT FL
24 Zip: 33064 Country: 25 USA

2a. Mailing Address
26 P O Box 2232
27 Suite, Apt. #, etc.
28 City & State: POMPANO BCH FL
29 Zip: 33061 Country: 30 USA

4. FEI Number: **59-1872274** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEPARD, EDWARD F.
600 C N.E. 33RD ST.
POMPANO BCH. FL 33064

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when manually signed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	2625 N E 27 ST	☒ Change ☐ Addition
NAME	SHEPARD, EDWARD F.	12 NAME	LIGHTHOUSE PT FL 33064	
STREET ADDRESS	2432 NE 20 TERRACE	13 STREET ADDRESS		
CITY-ST-ZIP	LIGHT HOUSE PNT FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	2625 N E 27 ST	☒ Change ☐ Addition
NAME	SHEPARD, BARBARA A.	22 NAME	LIGHTHOUSE PT FL 33064	
STREET ADDRESS	2432 NE 20 TERRACE	23 STREET ADDRESS		
CITY-ST-ZIP	LIGHT HOUSE PNT FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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(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: Edward F Shepard E SHEPARD 3/28/95 305-786-1665
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107018 CP