

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F22633

(4)

1. Corporation Name

ENERIC FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

BOX 625
54 W BURLINGTON AVE
FAIRFIELD IA 52556

BOX 625
54 W BURLINGTON AVE
FAIRFIELD IA 52556-3207



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1981		3a. Date of Last Report 03/06/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2243914		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EDWARDS, GEORGE 950 N.FEDERAL HWY., #219 POMPANO BCH. FL 33062				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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SCHWARTZ, ERIC	1.2 NAME	
STREET ADDRESS	205 E HARRISON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD IA	1.4 CITY-ST-ZIP	
TITLE	VPS ☐ DELETE	2.1 TITLE	VS ☒ Change ☐ Addition
NAME	DOLLIVE, PETER	2.2 NAME	
STREET ADDRESS	54 W. BURLINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD IA	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	Nancy J. Johnson	3.2 NAME	
STREET ADDRESS	54 W. Burlington Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Fairfield IA 52556	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0608779

CR2E034 (9/96)