

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRET
STATE
VS
CORPORATION

DOCUMENT # F94000001126 (1)

1. Corporation Name

VALUE-ADDED CASH SYSTEMS, INC.

Principal Place of Business

Mailing Address

**17250 DALLAS PARKWAY
DALLAS TX 75248**

**17250 DALLAS PARKWAY
DALLAS TX 75248**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

03/07/1994

4. FFI Number

Applied For

75-2518534

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt # etc

Suite Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 of Registered Agent or Registered Agent and the Corporation

Signature of Registered Agent or Registered Agent and the Corporation

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**P
HANCOCK, E. REED
17250 DALLAS PARKWAY
DALLAS TX 75248**

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

**P
Stephen L. Hodge
17250 Dallas Parkway
Dallas, TX 75248**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**VD
CASEY, DENNIS R
17250 DALLAS PARKWAY
DALLAS TX 75248**

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**ST
MILLER, CHARLES P
17250 DALLAS PARKWAY
DALLAS TX 75248**

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

**S VP Legal Counsel
John C. Fudesco
17250 Dallas Parkway
Dallas, TX 75248**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**CFO
Jeffrey B. Morgan
17250 Dallas Parkway
Dallas, TX 75248**

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

**CFO
Jeffrey B. Morgan
17250 Dallas Parkway
Dallas, TX 75248**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

☐ Change ☐ Addition

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)(k), 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 of changes or new attachments with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L. Hodge

4-24-95 (214) 447-6700

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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000001337 (4)

1. Corporation Name

DELTA HEALTH GROUP, INC.

Principal Place of Business

**2957 MARKET STREET
PASCAGOULA MS 39567**

Mailing Address

**2957 MARKET STREET
PASCAGOULA MS 39567**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

2. Principal Place of Business

21 600 So. BARRACKS ST.

2a. Mailing Address

26 600 So. BARRACKS ST.

Suite, Apt. # etc

22 Suite 210

Suite, Apt. # etc

27 Suite 210

City & State

23 Pensacola, Florida

City & State

28 Pensacola, Florida

Zip

24 32501

Country

25 USA

Zip

29 32501

Country

30 USA

4. FEI Number

64-0841477

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	PD
2. NAME	BELL, SCOTT J
3. STREET ADDRESS	2957 MARKET STREET
4. CITY, ST, ZIP	PASCAGOULA MS
1. TITLE	VSD
2. NAME	TREHERN, W E
3. STREET ADDRESS	2957 MARKET STREET
4. CITY, ST, ZIP	PASCAGOULA MS
1. TITLE	TD
2. NAME	TOLAN JR, JOHN J
3. STREET ADDRESS	2957 MARKET STREET
4. CITY, ST, ZIP	PASCAGOULA MS
1. TITLE	VD
2. NAME	FOSTER, DANA R
3. STREET ADDRESS	2957 MARKET STREET
4. CITY, ST, ZIP	PASCAGOULA MS
1. TITLE	D
2. NAME	ST. PE, GERALD
3. STREET ADDRESS	2957 MARKET STREET
4. CITY, ST, ZIP	PASCAGOULA MS
1. TITLE	D
2. NAME	WILLIAMS, ROY C
3. STREET ADDRESS	2957 MARKET STREET
4. CITY, ST, ZIP	PASCAGOULA MS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN:

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	600 So. BARRACKS ST. Suite 210
4. CITY, ST, ZIP	PENSACOLA, FL 32501
1. TITLE	☒ Change ☐ Addition
2. NAME	VD
3. STREET ADDRESS	600 So. BARRACKS ST. Suite 210
4. CITY, ST, ZIP	PENSACOLA, FL 32501
1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	600 So. BARRACKS ST. Suite 210
4. CITY, ST, ZIP	PENSACOLA, FL 32501
1. TITLE	☒ Change ☐ Addition
2. NAME	VSD
3. STREET ADDRESS	600 So. BARRACKS ST. Suite 210
4. CITY, ST, ZIP	PENSACOLA, FL 32501
1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	600 So. BARRACKS ST. Suite 210
4. CITY, ST, ZIP	PENSACOLA, FL 32501
1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	600 So. BARRACKS ST. Suite 210
4. CITY, ST, ZIP	PENSACOLA, FL 32501

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 311.02, 608. Florida Statutes. I further certify that the information included in 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 manager or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on any attachment with an address.

SIGNATURE:

John J. Tolan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95

904 438-0650

F94-1337

DELTA HEALTH GROUP, INC.

Additional Officer information;
Block 12, 13 Continued:

Block 12		Block 13	
Title:	D	Title:	☒ Change ☐ Addition
Name:	J.L. Holloway	Name:	
Street Address:	2957 Market St.	Street Address:	600 S. Barracks St., Suite 210
City-St-Zip:	Pascagoula, MS 39567	City-St-Zip:	Pensacola, FL 32501