

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90007 047 \*\*\*150.00

DOCUMENT # **F98000007103**

1. Corporation Name  
**CARD CAPTURE SERVICES, INC.**

Principal Place of Business  
**4603 COUNTRY HILLS DRIVE  
TAMPA FL 33624**

Mailing Address  
**4603 COUNTRY HILLS DRIVE  
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/30/1998**

4. FEI Number

**93-1108063**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **13190 SW 68th Parkway**

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 Zip

97223

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

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 **C** ☐ DELETE

NAME **JETTON, JEFFREY R**

STREET ADDRESS **90 GARIBALDI**

CITY-ST-ZIP **LAKE OSWEGO OR**

TITLE **P** ☐ DELETE

NAME **GRANO, DAVID G**

STREET ADDRESS **17667 SW 80TH PLACE**

CITY-ST-ZIP **DURHAM OR**

TITLE **V** ☐ DELETE

NAME **WRIGHT, STEVEN M**

STREET ADDRESS **3740 BELKNAP DRIVE**

CITY-ST-ZIP **WEST LINN OR**

TITLE **VS** ☐ DELETE

NAME **CRAIG, ANDREW S**

STREET ADDRESS **4635 DOGWOOD DRIVE**

CITY-ST-ZIP **LAKE OSWEGO OR**

TITLE **T** ☐ DELETE

NAME **MARSH, CHRISTOPHER L**

STREET ADDRESS **2010 RIVERKNOLL COURT**

CITY-ST-ZIP **WEST LINN OR**

TITLE **D** ☐ DELETE

NAME **GRANO, DAVID G**

STREET ADDRESS **17667 SW 80TH PLACE**

CITY-ST-ZIP **DURHAM OR**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Craig Vice President** 2/15/99 (503)639-1267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)