| FILE NOW: FILING FEE AFTER MAY 1 IS \$225.(| FILE. | NOW: | FILING | FEE | AFTER | MAY | 1 IS | \$225. | .0 |
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PROFIT CORPORATION ANNUAL REPORT



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

1996

H09709 DOCUMENT #
1. Corporation Name

(7)

CREDIT UNION SERVICES, INC.

| - | | | | | | | |
|----|-----|--------|-------|------|------|------|--|
| ١, | vin | al Pia | op of | Duch | 2000 | | |

Mailing Address



1-2

| 11207 n. nebraska ave. Tampa fl. 33602 | | | 11207 N. NEBRASKA AVE. TAMPA FL 33602 | | | | | | | | | |
|--|---|--|--|--------------|---------------|-----------------|---------------------------------------|--------------|---------------------------------------|-----------------------------------|----------|--|
| | | | | | | 3 | 3. Date Incorporated or Qualified | | | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | | 4. FLI Number | | | Applied | For | |
| 21 | | | 26 | | | | PA 0407000 | | | | plicable | |
| Suite, Apl. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Stat | us Desired | 1 1 | \$8.75 Additional Fee Required | | |
| City & State | 9 | City & State | 6. Election Campaign Financing | | | | 5.00 May | Be | | | | |
| 23 | | 28 | <u> </u> | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | · | žip | Count | ry | E | This corporation f | , | - | ders 199.03 | 32, | |
| 24 25 29 30 | | | | | | | Florida Statutes | | □ No | | | |
| | 9. Name and Addres | ss of Current Registe | red Agent | | | | 0. Name and Addr | ess of New F | legistered Ager | <u> </u> | | |
| | | | | 8 | 1 Name | е | | | | | | |
| CRAWFORD, BRIAN 711 S DALE MABRY | | | | | 2 Strec | t Address (| (P.O. Box Number is | Not Acceptab | ole) | | | |
| TAMPA F | 8 | 3 | | | | | | | | | | |
| | | | | 8 | 4 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 A | gent signatur | a required when | | | 4/17/76 | | | |
| 12. | , , , , , , , , , , , , , , , , , , , | FREERS AND DIRECT | | 13. | | | ADDITIONS/CHAI | NGES TO OFF | | | | |
| TITLE | CD | | DELETE | 1 1 TITE | E | | | | ☐ Ch | ange 🔲 A | ddition | |
| NAME | KLOSS, ROBERT S | | | 1.2 NAM | E | ļ | | | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | 5 | | | | | | |
| C-TY-ST-7iP | TAMPA FL 33624 | | | | -ST-ZIP | ↓ | | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | P | | DELETE | 2 1 1111 | E | | | | Ch | ange 🔲 A | ddition | |
| NAME | CRAWFORD, BRIAN | | | 2 2 NAM | E | İ | | | | | | |
| STREET ADDRESS | 15707 PONY PLAC | Æ | | 2 3 STR8 | ET ADDRESS | ; | | | | | | |
| CI7Y-ST-ZIP | TAMPA FL | | | | - \$1 - ZiP | <u> </u> | | | | | | |
| TITLE | D | | ☐ DELETE | 3. 1 TITL | E | 1 | | | ☐ Ch | ange ∐:A | ddition | |
| NAME | JAMES, FRANCIS | | | 3.2 NAM | E | 1 | | | | | | |
| STREET ADDRESS | 1812 ALCORN RD. | | | 33 STR | EET ADDRES | S | | | | | | |
| CITY - ST - ZIP | VALRICO FL 33594 | <u> </u> | | _ | - ST - ZIP | | | | | | | |
| TITLE | D | 54 PE | DELETE | 4. 1 1111 | | | | | ☐ Ch | ange 🔲 A | ddition | |
| NAME | BEAUCHAMP, CHA | | | 4.2 NAM | | - | | | | | | |
| STREET ADDRESS | 9826 MCINTOSH R | ruad | | 4.3 STR | ET ADDRESS | 3 | | | | | | |
| CITY-ST-7IP | DOVER FL 33527 | er or many seasons and an artist and a contract of the contrac | Doctor | | - ST - ZIP | 4 | | | | | 4400 | |
| TITLE | D | 20011 | DELETE | 5. 1 TITL | | | | | ☐ Ch | ange 🔲 A | ddition | |
| NAME | THORNHILL, HARR | | | 5 2 NAM | | | | | | | | |
| STREET ADDRESS | 3200 LUCERNE PA | | | | ET ADDRESS | 3 | | | | | | |
| CITY-ST-ZIP | WINTER HAVEN FL | . 33880 | Fine | | - ST - ZIP | | | | | | 2400 00 | |
| TITLE | D DOOR NAD | æ | DELÉTE | 6 1 THTL | | | | | □ CP | ange 🔲 A | nombo | |
| NAME | BASS, ROSE MARI | - | | 6.2 NAM | | | | | | | ļ | |
| STREET ADDRESS | 15904 TREVOSE L | | | 6.3 STR | ET ADDRESS | · [| | | | | j | |
| CITY - ST - ZIP | ODESSA FL 33556 | | | 6.4 CHTY | - S1 - ZIP | 1 | | | | | | |

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 if changed, or on an attachment with an address.

SIGNATURE:

4/17/96 (813) 871-2690

Credit Union Services, Inc. 11207 N. Nebraska Ave. Tampa, Florida Page 2.

S/T George D. Hobar 2928 Wallcraft Tampa, FL 33611

D Jimmy DuBose 2307 Andre Drive Lutz, FL 33549

D Thomas V. Quayle 8413 Bay Pointe Drive Tampa, FL 33615