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FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **H09709**

(7)

1. Corporation Name

CREDIT UNION SERVICES, INC.

Principal Place of Business

**11207 N. NEBRASKA AVE.
TAMPA FL 33602**

Mailing Address

**11207 N. NEBRASKA AVE.
TAMPA FL 33602**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1984

4. FEI Number

59-2437850

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CRAWFORD, BRIAN
711 S DALE MABRY
TAMPA FL 33609**

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 **CO** ☐ DELETE
NAME **DUBOSE, JIMMY**
STREET ADDRESS **2307 ANDRE DRIVE**
CITY-ST-ZIP **LUTZ FL**

TITLE **P** ☐ DELETE
NAME **CRAWFORD, BRIAN**
STREET ADDRESS **15707 PONY PLACE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **JAMES, FRANCIS**
STREET ADDRESS **1812 ALCORN RD.**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **D** ☐ DELETE
NAME **BEAUCHAMP, CHARLIE**
STREET ADDRESS **9828 MCINTOSH ROAD**
CITY-ST-ZIP **DOVER FL 33527**

TITLE **D** ☐ DELETE
NAME **THORNHILL, HARRISON L.**
STREET ADDRESS **3200 LUCERNE PARK ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☐ DELETE
NAME **BASS, ROSE MARIE**
STREET ADDRESS **15904 TREVOSE LANE**
CITY-ST-ZIP **ODESSA FL 33556**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 if changed, or on an attachment with an address.

SIGNATURE: *Brian L Crawford*

CR2E034 (10/97)