FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48632** **(6)**

1. Corporation Name

INTERNATIONAL CREDIT ASSOCIATION OF GREATER TAMP A BAY, INC.

Principal Place of Business	Mailing Address
134 S TAMPA ST TAMPA FL 33602	134 S TAMPA ST TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-3135442 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
TRITHART, DIANE 5201 W KENNEDY BLVD. SUITE 110 TAMPA FL 33609	81 Name: David Lawdermilk 82 Street Address (P.O. Box Number is Not Acceptable): 3001 Executive Drive, Suite 100 83 84 City: Clearwater FL 85 Zip Code: 34622

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] David L Lawdermilk 4-25-95
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	P	1.1 TITLE	V	XX Change ☐ Addition
NAME	LAWDERMILK DAVID	1.2 NAME	Mike McCarty	
STREET ADDRESS	3001 EXECUTIVE DR SUITE 120	1.3 STREET ADDRESS	3802 Northdale Blvd.	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	T	2.1 TITLE	S	☐ Change XX Addition
NAME	BYRD, RENEE	2.2 NAME	Robert Krone	
STREET ADDRESS	4109 GANDY BLVD.	2.3 STREET ADDRESS	134 South Tampa Street	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D	3.1 TITLE	T	XX Change ☐ Addition
NAME	HAUGHT, JOE	3.2 NAME	Kay Niblett	
STREET ADDRESS	5585 RIO VISTA DR	3.3 STREET ADDRESS	702 North Franklin Street	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Tampa, FL 33601	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	NIBLETT, KAY	4.2 NAME		
STREET ADDRESS	PO BOX 111	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTY, MIKE	5.2 NAME		
STREET ADDRESS	PO BOX 30127 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	STONE, AL	6.2 NAME		
STREET ADDRESS	PO BOX 260095 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3-18-95 813-273-7810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert L. Krone

0014014