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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000007335 (1)

1. Corporation Name

FEDERAL CONSUMER INFORMATION SERVICES, INC.



Principal Place of Business

1708 STATE HWY 44
NEW SMYRNA BCH FL 32168
US

Mailing Address

P O BOX 2641
NEW SMYRNA BCH FL 32170-2641
US

2. Principal Place of Business

21 161 N. Spring Garden Rd

Suite, Apt. #, etc.

22 SUITE 4

City & State

23 Deland, FL

Zip

24 32724

Country

25 US

26. Mailing Address

26 P.O. Box 3677

Suite, Apt. #, etc.

27

City & State

28 Deland, FL

Zip

29 32723-3677

Country

30 US

3. Date Incorporated or Qualified

01/20/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3182024

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FRANCISCO, LARRY
65 CUNNINGHAM DRIVE
NEW SMYRNA BEACH FL 32170

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6286 Palm Vista Street

83

84 Port Orange

FL

85

Zip Code

32124

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
DAVIS, ROBERT D
STREET ADDRESS
809 EASTOVER CIRCLE
CITY-ST-ZIP
DELAND FL

☐ DELETE

TITLE

NAME
FRANCISCO, LARRY D
STREET ADDRESS
65 CUNNINGHAM DR
CITY-ST-ZIP
NEW SMYRNA BCH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

☒ Change

☐ Addition

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☐ Addition

14. I do 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 an attachment with an address.

SIGNATURE

Robert D Davis ROBERT D DAVIS 4/22/97 904-734-0824

CR2E034 (9/96)