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FILED
Apr 22 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 # P93000025616 (2)

1. Corporation Name

ACCURATE CREDIT BUREAU, INC.

Principal Place of Business

801 N MAGNOLIA AVE
#418
ORLANDO FL 32803
US

Mailing Address

801 N MAGNOLIA AVE
#418
ORLANDO FL 32803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1993

4. FEI Number

59-3176613

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 1005 NEW YORK AVE.

Suite, Apt. #, etc.

22

City & State

23 ST. CLOUD, FLORIDA

Zip

24 34769

Country

25 OSCEOLA

2a. Mailing Address

26 1005 NEW YORK AVE

Suite, Apt. #, etc.

27

City & State

28 ST. CLOUD, FLORIDA

Zip

29 34769

Country

30 OSCEOLA

9. Name and Address of Current Registered Agent

KELAMER, NEVA M A.A.L.
201 W. CANTON AVENUE
SUITE 250
WINTER PARK FL 32789-3144

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 PD
NAME SEIGWORTH, RAY
STREET ADDRESS 801 N MAGNOLIA, SUITE 418
CITY-ST-ZIP ORLANDO FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
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CITY-ST-ZIP
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TITLE
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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 PD
1.2 NAME SEIGWORTH, RAY
1.3 STREET ADDRESS 1005 NEW YORK AVE
1.4 CITY-ST-ZIP ST. CLOUD, FLA. 34769
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

R. Seigworth

RAY SEIGWORTH

4/15/98

407-957-2578

CR2E034 (10/97)