

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000025943 (0)

1. Corporation Name

INTERSTATE CLEARING, INC.



Principal Place of Business

1045 RIVERSIDE AVE
S-300
JACKSONVILLE FL 32204

Mailing Address

1045 RIVERSIDE AVE
S-300
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
04/08/1993

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 711 Margaret St

26 711 Margaret St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 JACKSONVILLE, FL.

28 JACKSONVILLE, FL.

Zip Country

Zip Country

24 32204 25

29 32204 30

4. FEI Number

59-3177035

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 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

BROWN, ROSEANNE
1045 RIVERSIDE AVE.
SUITE 300
JACKSONVILLE FL 32204

81 Name BROWN, Roseanne
82 Street Address (P.O. Box Number is Not Acceptable)
711 Margaret St.
JAX FL.
83
84 City JAX FL 85 Zip Code 32204

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 Statute.

SIGNATURE Roseanne Brown

SIGNATURE Roseanne Brown

4/19/96

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 ST
NAME BROWN, ROSEANNE
STREET ADDRESS 1045 RIVERSIDE AVE., STE. 300
CITY - ST - ZIP JACKSONVILLE FL ☐ DELETE

1.1 TITLE ST
1.2 NAME BROWN, RoseAnne
1.3 STREET ADDRESS 711 Margaret St.
1.4 CITY - ST - ZIP JACKSONVILLE, FL. ☒ Change ☐ Addition

TITLE D
NAME BROWN, DUDLEY
STREET ADDRESS 1045 RIVERSIDE AVE., S-300
CITY - ST - ZIP JACKSONVILLE FL 32204 ☐ DELETE

2.1 TITLE P
2.2 NAME BROWN, DUDLEY
2.3 STREET ADDRESS 711 Margaret St.
2.4 CITY - ST - ZIP JACKSONVILLE, FL. ☒ Change ☐ Addition

TITLE D
NAME SELLERS, DANIEL C JR
STREET ADDRESS 2617 CHARLOTTE OAKS DR
CITY - ST - ZIP MOBILE AL 36695 ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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

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: Roseanne Brown Secretary 4/19/96 904 7662433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

CR2E034 (12/95)