

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90034 022 \*\*\*150.00

DOCUMENT # P93000025943

1. Corporation Name

INTERSTATE CLEARING, INC.

Principal Place of Business

Mailing Address

~~711 MARGARET ST.~~  
~~JACKSONVILLE FL 32204~~  
US

~~711 MARGARET ST.~~  
~~JACKSONVILLE FL 32204~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1993

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BROWN, ROSEANNE~~  
~~711 MARGARET ST.~~  
~~JACKSONVILLE FL 32204~~

81 Name

Richard K. Jones, Esq.

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

Moseley, Warren, Prichard & Parrish, PA

83

501 West Bay Street

84 City

Jacksonville

FL

85 Zip Code

32202

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

*Richard K. Jones*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~ST~~ ☒ DELETE

NAME ~~BROWN, ROSEANNE~~  
STREET ADDRESS ~~711 MARGARET ST.~~  
CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ~~P~~ ☒ DELETE

NAME ~~BROWN, DUDLEY~~  
STREET ADDRESS ~~711 MARGARET ST.~~  
CITY-ST-ZIP ~~JACKSONVILLE FL~~

TITLE ~~D~~ ☐ DELETE

NAME ~~SELLERS, DANIEL C JR~~  
STREET ADDRESS ~~2617 CHARLOTTE OAKS DR~~  
CITY-ST-ZIP ~~MOBILE AL 36695~~

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99 3346070880

CR2E034 (1/198)