FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 — 5-1-95 B-Cabb — DEPARTMENT OF STATE, Sandra B. Mortham, Secretary of State, DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000037033 (6)

1. Corporation Name: **NATIONS CREDIT CORP.**

Principal Place of Business:
2727 ULMERTON
SUITE 1-B
CLEARWATER FL 34622

Mailing Address:
2727 ULMERTON
SUITE 1-B
CLEARWATER FL 34622

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business: 21 5421 Beaumont Center Blvd.
Suite, Apt. #, etc: 22 Suite 640
City & State: 23 Tampa Fl.
Zip: 24 33634 — Country: 25 Hillsborough

2a. Mailing Address: 26
Suite, Apt. #, etc: 27
City & State: 28
Zip: 29 — Country: 30

4. FEI Number: 59-3183214 — ☐ 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:
BOLEK, RICHARD
40347 US 19 N
SUITE 136
TARPON SPRINGS FL 34689

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 of Registered Agent) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	President ☐ Change ☐ Addition
NAME	MAGIO, GARY	1 2 NAME	Miglio, Gary
STREET ADDRESS	2727 ULMERTON ROAD, SUITE 1-B	1 3 STREET ADDRESS	5421 Beaumont Center Blvd., Ste 640
CITY ST ZIP	CLEARWATER FL	1 4 CITY ST ZIP	Tampa, Fl, 33634
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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)(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: (Pres) Gary Miglio — 4/20/95 — (813) 885-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0358706 CP