FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013845 (0)

1. Corporation Name
CREDI-CALL, INC.

Principal Place of Business	Mailing Address
1052 MONTGOMERY RD. SUITE 145 ALTAMONTE SPRINGS FL 32714	1052 MONTGOMERY RD. SUITE 145 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 5220 Cypress Creek Dr
22: Suite, Apt. #, etc.
23: Orlando, FL
24: 32811
25: Country: Orange

2a. Mailing Address
26: 4630 S. Kirkman Rd
27: # 192
28: Orlando, FL
29: 32811
30: Country: Orange

4. FEI Number: 59-3225963 ☐ 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FITZGERALD, DENNIS
484-302 VERSAILLES PL.
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: Dennis Fitzgerald
82 Street Address (P.O. Box Number is Not Acceptable): 5220 Cypress Creek Dr
83:
84 City: Orlando FL 85 Zip Code: 32811

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] 1/9/95
(Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: Pres NAME: K. Brant Dotson STREET ADDRESS: 4670 Carroway Pl CITY-ST-ZIP: Sanford, FL 32771	11 TITLE: President 12 NAME: K. Dotson ☐ Change ☐ Addition
TITLE: V.P. NAME: Dennis Fitzgerald STREET ADDRESS: 5220 Cypress Creek Dr CITY-ST-ZIP: Orlando, FL 32811	☐ Change ☐ Addition
TITLE: Sec/Tres NAME: Victoria Segovia STREET ADDRESS: 5220 Cypress Creek Dr CITY-ST-ZIP: Orlando FL 32811	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(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: [signature], V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/95 (Date)

345 407 4806 (Telephone Number)

0038034 CP