

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**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90008 011 \*\*\*150.00

**DOCUMENT # P94000018720**

1. Corporation Name

**TRANSACTION SERVICES, INC.**



Principal Place of Business

5201 W. KENNEDY BLVD.  
SUITE 915  
TAMPA FL 33609

Mailing Address

5201 W. KENNEDY BLVD.  
SUITE 915  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/10/1994**

4. FEI Number

**59-3237209**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DEBARBA, EDMUND A  
5201 W. KENNEDY BLVD.  
SUITE 915  
TAMPA FL 33609

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 ☐ DELETE

NAME  
AST  
HAMILTON, KARIN  
STREET ADDRESS  
5201 W KENNEDY BLVD, SUITE 915  
CITY-ST-ZIP  
TAMPA FL 33909

TITLE ☐ DELETE

NAME  
D  
COLLINS, LEROY JR.  
STREET ADDRESS  
5201 W KENNEDY BLVD, SUITE 915  
CITY-ST-ZIP  
TAMPA FL 33609

TITLE ☐ DELETE

NAME  
DT  
DEBARBA, EDMUND A  
STREET ADDRESS  
5201 W KENNEDY BLVD, SUITE 915  
CITY-ST-ZIP  
TAMPA FL 33609

TITLE ☒ DELETE

NAME  
D  
DONAHUE, EDWARD A III  
STREET ADDRESS  
5201 W KENNEDY BLVD, SUITE 915  
CITY-ST-ZIP  
TAMPA FL 33609

TITLE ☒ DELETE

NAME  
DP  
LIVELY, ROBERT A  
STREET ADDRESS  
5021 W KENNEDY BLVD, SUITE 915  
CITY-ST-ZIP  
TAMPA FL 33609

TITLE ☐ DELETE

NAME  
D/President  
WEBER, DAVID O  
STREET ADDRESS  
5201 W KENNEDY BLVD, SUITE 915  
CITY-ST-ZIP  
TAMPA FL 33609

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Director  
Robert Burwell  
670 Island Way, #703  
Clearwater, FL 33767  
Officer/Secretary  
Bruce Roberson, Esquire  
400 N. Ashley, Suite 2300  
Tampa, FL 33602

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

(813) 875-6051

Daytime Phone #

CR2E034 (1/98)