

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$75.)

95 AUG 12 PM 12:28 **D** **\$61.95**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
55 AUG 12 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996

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



DOCUMENT # P94000046044
 1. Corporation Name **PAY DIRECT SERVICES, INC.**

500001919045
-08/12/96-01039-004
*******61.25 *****61.25**

Principal Place of Business
8701 PHILLIPS HWY #107
JACKSONVILLE, FL 32256

Mailing Address

2. Principal Place of Business

21 **8701 PHILLIPS HWY**

22 **# 107**

23 **JACKSONVILLE FL**

24 **32256** 25 **U.S.A.**

2a. Mailing Address

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3. Date Incorporated or Qualified **JUNE 15, 1994**

3a. Date of Last Report **MAY 96**

4. FEI Number **59-3254801**

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. 190.02, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

Leonard Alterman
9116 Cypress Green Drive
JACKSONVILLE, FLORIDA 32256

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.02 and 607.10, Florida Statutes, this above-named corporation, submits this statement for the purpose of changing its registered office to the office listed below in the City of Jacksonville, Florida, and to change its registered office to the office listed below in the City of Jacksonville, Florida, and to change its registered office to the office listed below in the City of Jacksonville, Florida.

SIGNATURE		OFFICER (NAME, TITLE, AND ADDRESS)		ADDITIONS/CHANGES TO OFFICER (NAME AND ADDRESS) ONLY	
12.	<input checked="" type="checkbox"/> OFFICER	13.	<input checked="" type="checkbox"/> CHANGE		
TITLE	OWNER - DIRECTOR	TITLE	OWNER - DIRECTOR		
NAME	TOBY F. ADAMS	NAME	PHILLIP D. SPEARS		
STREET ADDRESS	8701 PHILLIPS HWY #107	STREET ADDRESS	8701 PHILLIPS HWY #107		
CITY	JACKSONVILLE, FL 32256	CITY	JACKSONVILLE, FL 32256		
STATE	FL	STATE	FL		
ZIP	32256	ZIP	32256		
OFFICE USE ONLY		OFFICE USE ONLY			

14. This corporation is hereby authorized to file this report with the Department of State, Tallahassee, Florida, for the purpose of changing its registered office to the office listed below in the City of Jacksonville, Florida, and to change its registered office to the office listed below in the City of Jacksonville, Florida, and to change its registered office to the office listed below in the City of Jacksonville, Florida.

SIGNATURE: *Toby F. Adams* **Toby F. Adams** **7-25-96** **(904) 739-2003**

Phillip D. Spears **Phillip D. Spears** **7-25-96** **(904) 739-2003**

CR2E034 (3/96)