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
1995 MAY -1 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059810 (9)

1. Corporation Name
CREDIT INFORMATION SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5600 WAXMYRTLE WAY NAPLES FL 33962	5600 WAXMYRTLE WAY NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:
4. FEI Number: 65-0512544 ☐ 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

	2. Principal Place of Business		2a. Mailing Address
21	6324 Trail Bv.	26	6324 Trail Blvd
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: Naples Fl.	28	City & State: Naples FL
24	Zip: 33963 25 County: Collier	29	Zip: 33963 30 County: Collier

9. Name and Address of Current Registered Agent

WILSON, GARY K
4501 TAMIAMI TRAIL NO.
STE. 400
NAPLES FL

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	VP T ☐ Change ☒ Addition
NAME	FOSTER, CANDACE	12 NAME	Stahulak, Norman
STREET ADDRESS	5600 WAXMYRTLE WAY	13 STREET ADDRESS	5600 Waxmyrtle Way
CITY-ST-ZIP	NAPLES FL 33962	14 CITY-ST-ZIP	Naples, FL 33942
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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SCC 5-1-95

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: C A Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Candace A. Foster

4-26-95   813-598-4500
Date   Daytime Phone #

0120007 CP