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 16 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087873 (3)

1. Corporation Name
PREFERRED CARD SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
300 N CR 427 SUITE 209 LONGWOOD FL 32750	300 N CR 427 SUITE 209 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-3281432 — [ ] 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
21 303 BRIDIE Ct.	26 303 BRIDIE Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER SPG. FL.	City & State 28 WINTER SPG, FL.
Zip 24 32708 — County 25 SEMINOLE	Zip 29 32708 — County 30 SEMINOLE

9. Name and Address of Current Registered Agent

BOUCHER, ANITA
300 N CR 427
SUITE 209
LONGWOOD FL 32750

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 *Anita Boucher* — Date 5/10/95

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BOUCHER, ANITA
STREET ADDRESS	300 N CR 427
CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — (six blank blocks: 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: *Anita Boucher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0041080 CP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 12 PM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000088861 (7)**

1. Corporation Name

CLAIMS QUALITY CONTROL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 57277 JACKSONVILLE FL 32241	P.O. BOX 57277 JACKSONVILLE FL 32241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 59-3289342 — Applied For / Not Applicable

Suite, Apt. # or Rm. — 22:

Suite, Apt. # or Rm. — 27:

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

Zip — 24:

County — 25:

Zip — 29:

County — 30:

8. This corporation has liability for unemployment tax under Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

31 Name:

32 Street Address (P.O. Box Number is Not Acceptable):

33:

34 City: FL — 35 Zip Code:

11. Pursuant to the provisions of Section 607.0502, 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. The corporation is authorized by the corporation's board of directors to make the appointment or registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DP
COLELLA, THOMAS
P.O. BOX 57277 (N/A)
JACKSONVILLE FL 32241

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true. For profit corporations only: 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 added above.

SIGNATURE: Thomas Colella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-95
Date

904-279-8524
Telephone Number

0407200 FP