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

DOCUMENT # P95000059801 1. Corporation Name

MERCHANT'S BUSINESS SERVICE, INC.

Principal Place of Business
1212 MONTEVIDEO ROAD JACKSONVILLE FL 32216

Mailing Address

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90016 024 ***150.00

1212 MONTEVIDEO ROAD JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 07/02/1995 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 59-3340318 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MASHOUR, BARBARA 82 Street Address (P.O. Box Number is Not Acceptable) 1212 MONTEVIDEO ROAD JACKSONVILLE FL 32216 83 Zip Code 84 City 85

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. (NOT	E: Registered Agent signature r	re required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVD DELETE	1.1 TITLE	Change Addition
NAME	MASHOUR, BARBARA	1.2 NAME	
STREET ADDRESS	1212 MONTEVIDEO ROAD	1.3 STREET ADDRESS	ss l
CITY-ST-ZiP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	<u> </u>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	38
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	SS
CITY-ST-ZIP		3.4, CITY-ST-ZIP	<u> </u>
TITLE	☐ DELETE	4.1 TTTLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	SS Control of the con
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS	•	5.3 STREET ADDRESS	SS
CITY-ST-ZIP		5.4 CITY+ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	ss
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.