FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000083436 (2)

BARNETT MERCHANT SERVICES CORPORATION Principal Place of Business Mailing Address 8000 SOUTHSIDE BLVD. 50 NORTH LAURA ST. ATTN: REGULATORY RELATIONS BLDG 400 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 10/31/1995 2. Principal Place of Business 2a, Mailing Address Applied For FEI Number 59-3354409 Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 ZID Country Zin Country This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent GARY W. ENGLAND **50 NORTH LAURA ST** Street Address (P.O. Box Number is Not Acceptable) MAIL CODE 099-000-0907 83 JACKSONVILLE FL 32202 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 nume of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE MILES, LINDA T NAME 1.2 NAME 9000 SOUTHSIDE BLVD. BLDG 400 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32256 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CROTZER, M. ALEX NAME 2.2 NAME 50 NORTH LAURA ST. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GRAF. KATHLEEN L NAME 3.2 NAME 9000 SOUTHSIDE BLVD., BLDG. 400 STREET ADDRESS 33 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 3.4. CITY-SY-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

4. 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 taysee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 chapter. Or on an attachment of the process of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the receiver

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

Kathleen L. Graf 3/30/98 904-464-3086

CRZE034

FILED

Apr 17 1998 8:00am

Secretary of State