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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000022055 (3)

1. Corporation Name

BARNETT PAYMENT SERVICES, INC.

97 FEB -3 AM 8:28



Principal Place of Business

9000 SOUTHSIDE BLVD.
BLDG 600
JACKSONVILLE FL 32256

Mailing Address

9000 SOUTHSIDE BLVD.
BLDG 600
JACKSONVILLE FL 32256-0789

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 50 North Laura Street

Suite, Apt. #, etc

27 Attn: Regulatory Relations

City & State

28 Jacksonville, Florida

Zip

29 32202

Country

30 USA

4. FEI Number

59-3365956

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

9. Name and Address of Current Registered Agent

PALM, DAVID
9000 SOUTHSIDE BLVD.
BLDG. 600
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

Gary W. England

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

50 North Laura Street

83

Mail Code 099-000-0907

84 City

Jacksonville

FL

85 Zip Code

32202

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

Gary W. England

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SMITH, DAVID R JR
STREET ADDRESS 50 NORTH LAURA STREET
CITY, ST, ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME PALM, DAVID
STREET ADDRESS 9000 SOUTHSIDE BLVD. BLDG. 600
CITY, ST, ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Smith Jr.

2/7/97

Date

Daytime Phone #

9047915004

CR2E034 (9/96)