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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000037291 (7)

1. Corporation Name

PSA INFORMATION SERVICES, INC.



Principal Place of Business

Mailing Address

1915 N. DALE MABRY  
204  
TAMPA FL 33607  
US

4302 WATROUS AVE.  
TAMPA FL 33629  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

59-3408361

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 3825 Henderson Blvd.

26 3825 Henderson Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 603

27 Suite 603

City & State

City & State

23 Tampa FL

28 Tampa FL

24 Zip 33629

25 Country USA

29 Zip 33629

30 Country USA

9. Name and Address of Current Registered Agent

PHILLIPS, R. LEE  
4302 WATROUS AVE.  
TAMPA FL 33629

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

R. Lee Phillips, Executive Vice President

(NOTE: Registered Agent signature required when reinstating)

4-28-98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

EVP  
PHILLIPS, R. LEE  
4302 WATROUS AVE.  
TAMPA FL

☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

R. Lee Phillips

4-28-98

813-282-8596

CR2E034 (10/97)