

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000089917 (4)

1. Corporation Name

CU SHARED ATM SERVICES, INC.

Principal Place of Business

3695 N. 'L' STREET
PENSACOLA FL 32505

Mailing Address

3695 N. 'L' STREET
PENSACOLA FL 32505-5216

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WERNICKE, PATRICIA L
3695 N. 'L' STREET
PENSACOLA FL 32505

3. Date Incorporated or Qualified

11/01/1996

3a. Date of Last Report

4. FEI Number

59-3409459

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

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

Signature, typed or printed name of registered agent and for it applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRAMLETTE, GARY
STREET ADDRESS 6200 NORTH 'W' ST.
CITY-ST-ZIP PENSACOLA FL 32505
☐ DELETE

TITLE D
NAME WERNICKE, PATRICIA L
STREET ADDRESS 3695 N. 'L' STREET
CITY-ST-ZIP PENSACOLA FL 32505
☐ DELETE

TITLE D
NAME HEMMING, LUCY
STREET ADDRESS 108 SOUTH REUS ST.
CITY-ST-ZIP PENSACOLA FL 32501
☐ DELETE

TITLE D
NAME SPEED, MICHAEL
STREET ADDRESS 308 N. SPRING ST.
CITY-ST-ZIP PENSACOLA FL 32501
☐ DELETE

TITLE D
NAME LOWERY, CARLIS W
STREET ADDRESS 64 SOUTH REUS ST.
CITY-ST-ZIP PENSACOLA FL 32501
☐ DELETE

TITLE D
NAME MEHARG-BROWN, EVELYN
STREET ADDRESS 480 HIGHWAY 29 SOUTH
CITY-ST-ZIP CANTONMENT FL 32533
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D
12 NAME BROOKS, CHRIS
13 STREET ADDRESS 220 B. NINE MILE RD
14 CITY-ST-ZIP PENSACOLA, FL 32584
21 TITLE D
22 NAME PROOBN, PHILLIP
23 STREET ADDRESS 5909 STEWART ST.
24 CITY-ST-ZIP MILTON, FL 32572
☐ Change ☒ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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 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: [Signature] 4/22/97 (94) 1122-9939

CR2E034 (9/96)