

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/01/1996**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WERNICKE, PATRICIA L  
3695 N. "L" STREET  
PENSACOLA FL 32505**

81	Name
82	Street Address (P.O. Box Number Is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>BRAMLETTE, GARY</b>	1.2 NAME	<b>Mc Arthur, Gerald Jr.</b>
STREET ADDRESS	<b>6200 NORTH "W" ST.</b>	1.3 STREET ADDRESS	<b>220 E. Nine Mile Road</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	1.4 CITY-ST-ZIP	<b>Pensacola, FL 32534</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>WERNICKE, PATRICIA L</b>	2.2 NAME	<b>Bridgen, Phillip</b>
STREET ADDRESS	<b>3695 N. "L" STREET</b>	2.3 STREET ADDRESS	<b>5909 Stewart Street</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>	2.4 CITY-ST-ZIP	<b>Milton, FL 32572</b>
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>HEMMING, LUCY</b>	3.2 NAME	
STREET ADDRESS	<b>108 SOUTH REUS ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>SPEED, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>308 N. SPRING ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>LOWERY, CARLS W</b>	5.2 NAME	
STREET ADDRESS	<b>64 SOUTH REUS ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>MEHARG-BROWN, EVELYN</b>	6.2 NAME	
STREET ADDRESS	<b>480 HIGHWAY 29 SOUTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	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:

*Patricia L Wernicke* CEO

3/16/98 (850) 432-8371

CR2E034 (10/97)