PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000089917

1. Corporation Name

CU SHARED ATM SERVICES, INC.

Principal	Place	of	Business
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3695 N. "L" STREET PENSACOLA FL 32505 Mailing Address

3695 N. "L" STREET PENSACOLA FL 32505

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90030 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Country Zip Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Sign Added to Fees Added to Fees Personal Property Tax. Yes No Sign No Name and Address of New Registered Agent
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7
22 27 Fee Required City & State City & Country City &
City & State City & State 28 City & State 28 City & State Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
Zip Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No
24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
l 811 Name
WERNICKE, PATRICIA L
3090 N. L. STREET
PENSACOLA FL 32505
84 City 85 Zip Code
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 register
office or regista red ago nt, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
311.199
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
TTILE D □ DELETE 1.1 TTILE D □ Change
NAME BRAMLETTE, GARY 12 NAME Mc Arthur, Gerala Jr.
STREET ADDRESS 6200 NORTH "W" ST. 13 STREET ADDRESS 220 E. Wine Mile Road
CITY-ST-ZIP PENSACOLA FL 32505 14 CITY-ST-ZIP PENSACOLO, FL 32534
TILE D DELETE 21 TILE D Change X
NAME WERNICKE, PATRICIA L 22 NAME Priagen. Phellip
STREET ADDRESS 3695 N. "L" STREET 23 STREET ADDRESS 5909 Stewart Street
CITY-ST-ZIP PENSACOLA FL 32505 24 CITY-ST-ZIP - MILHON, FL 32572
TITLE D DELETE 3.1 TITLE Change
NAME HEMMING, LUCY 32 NAME
STREET ADDRESS 108 SOUTH REUS ST. 33 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 32501 3.4. CITY-ST-ZIP
TITLE D DELETE 4.1 TITLE Change
NAME SPEED, MICHAEL 4.2 NAME
STREET ADDRESS 308 N. SPRING ST. 4.3 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 32501 4.4 CITY-ST-ZIP
TITLE D DELETE 5.1 TTLE Change
NAME LOWERY, CARLIS W 52 NAME
STREET ADDRESS 64 SOUTH REUS ST. 5.3 STREET ADDRESS
CITY-ST-ZIP PENSACOLA FL 32501 54 CITY-ST-ZIP
TITLE D DELETE 6.1 TITLE Change
NAME MEHARG-BROWN, EVELYN 62 NAME
STREET ADDRESS 480 HIGHWAY 29 SOUTH 6.3 STREET ADDRESS

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CANTONMENT FL 32533

32-837)