

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90220 036 ***150.00

DOCUMENT # P98000031741

1. Corporation Name

PERSONAL FINANCIAL SERVICES, INC.



Principal Place of Business

6040 S. FLORIDA AVE.
LAKELAND FL 33813

Mailing Address

6040 S. FLORIDA AVE.
LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

59-3528260

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5925 IMPERIAL PARKWAY

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 MULBERRY, FL

Zip

24 33860

Country

25

2a. Mailing Address

26 P O BOX 8008

Suite, Apt. #, etc.

27

City & State

28 LAKELAND, FL

Zip

29 33802

Country

30

9. Name and Address of Current Registered Agent

JONES, D. KEVIN
6040 S. FLORIDA AVE.
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

JONES, D. KEVIN

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

5925 IMPERIAL PARKWAY

83

SUITE 201

84 City

MULBERRY

FL

85 Zip Code

33860

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, TIM	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUDZINA, NICK	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ERWIN, JAY	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RABIN, SANDY	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, D. KEVIN	
STREET ADDRESS	6040 S. FLORIDA AVE., MIDFL FED. CREDIT UN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PIERCE, DAN	
1.3 STREET ADDRESS	6040 S. FLORIDA AVE., MIDFLORIDA F	
1.4 CITY-ST-ZIP	LAKELAND, FL 33813	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99
Date

(941) 709-2100
Daytime Phone #

X 2050