

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90004 010 ***150.00

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000071347

1. Corporation Name

CONSUMER CREDIT SERVICES, INC.

Principal Place of Business

7750 ARBLE DRIVE
JACKSONVILLE FL 32211

Mailing Address

7750 ARBLE DRIVE
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1998

4. FEI Number

59-352-6809

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. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HAMMOND, JAMES J
7750 ARBLE DRIVE
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81

Name

JAMES J. HAMMOND

82

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

9803 CREEK FRONT RD #306

83

84

City

JACKSONVILLE

FL

85 Zip Code

32256

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

8/16/99

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **JAMES J. HAMMOND**
STREET ADDRESS **9803 CREEK FRONT RD #306**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
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CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES J. HAMMOND

Date

8/16/99

Daytime Phone #

904-997-0260

CR2E034 (5/99)

Consumer Credit Services, Inc.

A Consumer Credit Advocate Corporation

P98000071347
609648-90004-10

August 18, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500
Re: Filing of Annual Report

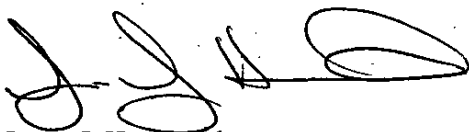
To Whom It May Concern:

As per my phone conversation with a representative from your office, I was advised to write a letter explaining why I did not receive my first notice to file the annual report.

I have relocated to a new address which is noted in the annual report; moreover, I filed notices with the postal offices to forward all documents to my new residence. I never received the first notice to file, and just recently received the second notice to file. Per my discussion I was advised that I should include a check for \$150.00 along with the annual report.

Please find attached a check for \$150.00 and the annual report as required. I am very grateful for your willingness to understand. If you have any questions please contact me at (904) 997-0260.

Sincerely,



James J. Hammond
President