FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S33896** **(9)**

1. Corporation Name
ADVANCED PAYMENT EXCHANGE, INC.

Principal Place of Business	Mailing Address
8601 4TH STREET NORTH, SUITE 300 ST. PETERSBURG FL 33702	8601 4TH STREET NORTH, SUITE 300 ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/22/1991**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3078035** ☐ 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

9. Name and Address of Current Registered Agent

HARGRETT, BONNIE R.
8601 4TH STREET N, SUITE 300
ST. PETERSBURG, 33702

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	EXEC. VICE PRESIDENT	☑ Change ☐ Addition
NAME	HARGRETT, BONNIE R.	12 NAME		
STREET ADDRESS	1107 MONTEREY BLVD., NE	13 STREET ADDRESS	1140 MONTEREY BLVD., NE	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	33704	
TITLE	D	21 TITLE	PRESIDENT	☑ Change ☑ Addition
NAME	MEYER, JAMES DAVID	22 NAME		
STREET ADDRESS	1344 MONTEREY BLVD.NE	23 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL	24 CITY-ST-ZIP	33704	
TITLE	D	31 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	CISLO, KIM A.	32 NAME		
STREET ADDRESS	2625 SR 590 #2712	33 STREET ADDRESS	2599 WEST BAY ISLE, SE	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	ST. Petersburg, FL 33705	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James David Meyer — 4-17-95 — (813) 578-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James David Meyer

CP