

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S74995** (9)

1. Corporation Name

KST CREDIT BUREAU, INC.



Principal Place of Business

**1015 E SEMORAN BLVD
SUITE 217
CASSELBERRY FL 32707
US**

Mailing Address

**1015 E SEMORAN BLVD
SUITE 217
CASSELBERRY FL 32707
US**

3. Date Incorporated or Qualified
08/20/1991

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3081696

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, SAMUEL C.
1015 E SEMORAN BLVD STE 3
CASSELBERRY FL 32707**

81 Name **THOMAS, SAMUEL C.**
82 Street Address (P.O. Box Number is Not Acceptable)
1015 E SEMORAN BLVD Suite 217
83
84 City **CASSELBERRY, FL** FL 85 Zip Code **32707**

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

Samuel Thomas

(NOTE: Registered Agent signature required when reinstating.)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST
THOMAS, SAMUEL C.**
STREET ADDRESS **959 BRIARWOOD LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME **VP
THOMAS, SANDRA G.**
STREET ADDRESS **959 BRIARWOOD LANE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), 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 it has changed, or on an attachment with an address.

SIGNATURE:

Samuel Thomas **PRESIDENT**

4-23-96 407-834-4445

Date

Daytime Phone #

CR2E034 (12/95)