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

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 JUN -5 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74995

1. Corporation Name
KST CREDIT BUREAU, INC.

Principal Place of Business / Mailing Address
1015 E. Semoran Boulevard
Suite 217
Casselberry, Florida 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/20/91
4. FEI Number: 59-3081696 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent
Samuel C. Thomas
1015 E. Semoran Blvd., #217
Casselberry, Florida 32707

10. Name and Address of New Registered Agent
81 Name: Frederick A. Hill
82 Street Address (P.O. Box Number is Not Acceptable): 1015 E. Semoran Boulevard
83 Suite 217
84 City: Casselberry 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 X [signature] 6/1/98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☒ DELETE
NAME	Samuel C. Thomas	
STREET ADDRESS	959 Briarwood Lane	
CITY-ST-ZIP	Altamonte Springs, FL	
TITLE	VP	☒ DELETE
NAME	Sandra G. Thomas	
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	DPST	☐ Change ☒ Addition
1.2 NAME	Frederick A. Hill	
1.3 STREET ADDRESS	1015 E. Semoran Blvd., #217	
1.4 CITY-ST-ZIP	Casselberry, FL 32707	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	700002557727--4	
2.3 STREET ADDRESS	-06/12/98--01003--026	
2.4 CITY-ST-ZIP	****558.75 ****558.75	
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	B 6/8	
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		

CR2E034 (10/97)

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] 6/1/98 407 834-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #