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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -4 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V40511** **(0)**

1. Corporation Name
NCA FINANCIAL SERVICES INC.

Principal Place of Business	Mailing Address
390 BOCA CIEGA POINT BLVD S ST PETERSBURG FL 33708	390 BOCA CIEGA POINT BLVD S ST PETERSBURG FL 33708

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/02/1992**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business	2a. Mailing Address
21 773 ST JUDES DRIVE N	26 P.O. BOX 3196
Suite, Apt. #, etc. 22 P O BOX 3196	Suite, Apt. #, etc. 27
City & State 23 SARASOTA FL	City & State 28 SARASOTA FL
Zip / Country 24 34230-3196 25 USA	Zip / Country 29 34230-3196 30 USA

4. FEI Number: **59-3126092** ☐ 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

MILLER, H LINCOLN JR
390 BOCA CIEGA POINT BLVD S
ST PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name: H. LINCOLN MILLER JR
82 Street Address (P.O. Box Number is Not Acceptable): 773 ST JUDES DRIVE N
83: LONG BOAT KEY
84 City: SARASOTA FL 85 Zip Code: 34228

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BURNS, THOMAS J 15 VILLET DR. EAST SETAUKET NY 11733	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition	11733
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MILLER, H. LINCOLN JR 390 BOCA CIEGA PT. BLVD. ST PETERSBURG FL 33708	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition	773 ST JUDES DRIVE NORTH BOX 3196 SARASOTA FL 34230-3196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, MARGARET B 390 BOCA CIEGA PT. BLVD. S. ST. PETERSBURG FL 33708	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition	773 ST JUDES DRIVE NORTH BOX 3196 SARASOTA FL 34230-3196
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition	

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: Margaret B. Miller MARGARET B. MILLER 3/12/95 813-957-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0908456 CP