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FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V59584** (5)

1. Corporation Name

TAMPA CREDIT, INC.

Principal Place of Business

**2333 CYPRESS ST.
TAMPA FL 33609
US**

Mailing Address

**PO BOX 340251
TAMPA FL 33694
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1992

4. FEI Number

59-3138479

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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**JACKSON, GARY
6903 NORTH DALE MABRY HWY.
TAMPA FL 33614**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**C
BENTLEY, MITCH
2333 CYPRESS ST.
TAMPA FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

**VP
JACKSON, GARY
18921 ST LAURENT
LUTZ FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

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