

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94223

**Entity Name:** TRANSCREDIT, INC.

**Current Principal Place of Business:**

1309 ST JOHNS BLUFF ROAD N STE 103  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1309 ST JOHNS BLUFF ROAD NORTH  
SUITE 103  
JACKSONVILLE, FL 32225 US

**FEI Number:** 59-3100141

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WINSTON, ASTON H  
1309 ST JOHNS BLUFF ROAD N STE 103  
JACKSONVILLE, FL 32225 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ASTON, H. WINSTON  
Address 13125 FT CAROLINE ROAD  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY TREASURER  
Name FRANCIS, BETH M  
Address 12450 WHITE FEATHER DR  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BETHELIA FRANCIS

**SECRETARY TREASURY** 01/19/2021

Electronic Signature of Signing Officer/Director Detail

Date