

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S94223

**Entity Name:** TRANSCREDIT, INC.

**Current Principal Place of Business:**

11250 ALUMNI WAY  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

11250 ALUMNI WAY  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-3100141

**Certificate of Status Desired:** No

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

WINSTON, ASTON H  
11250 ALUMNI WAY  
JACKSONVILLE, FL 32246 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 BETHELIA, FRANCIS M  
Address 11250 ALUMNI WAY  
City-State-Zip: JACKSONVILLE FL 32246

*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

V.P OF OPERATIONS

01/09/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date