

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004960

**Entity Name:** JHA PAYMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

663 W HWY 60  
MONETT, MO 65708

**Current Mailing Address:**

PO BOX 807  
MONETT, MO 65708 US

**FEI Number:** 91-2047199

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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           DIRECTOR  
Name           PRIM, JOHN  
Address        PO BOX 807  
City-State-Zip: MONETT MO 65708

Title           PRESIDENT  
Name           FOSS, DAVE  
Address        PO BOX 807  
City-State-Zip: MONETT MO 65708

Title           TREASURER  
Name           WILLIAMS, KEVIN  
Address        PO BOX 807  
City-State-Zip: MONETT MO 65708

Title           SECRETARY  
Name           MORGAN, CRAIG K  
Address        663 W HWY 60  
City-State-Zip: MONETT MO 65708

Title           VP  
Name           ADELSON, GREG  
Address        663 W HWY 60  
City-State-Zip: MONETT MO 65708

*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:** KEVIN WILLIAMS

**TREASURER**

**05/27/2020**

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

\_\_\_\_\_  
Date