

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005970 (6)

1. Corporation Name
FORKE CREDIT CORPORATION



Principal Place of Business 8826 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217	Mailing Address 8826 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/15/1996	3a. Date of Last Report N/A
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3404576	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON
ONE INDEPENDENT DR, SUITE 2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

61. Name

62. Street Address (P. O. Box Number is Not Acceptable)

63.

64. City

65. 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGHAVER, RANDAL L	1.2 NAME	
STREET ADDRESS	8050 PHILLIPS HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	VCS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DEWITT C	2.2 NAME	
STREET ADDRESS	1245 BRIDGESTONE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAVERGNE TN 37086	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAS, CHRIS L	3.2 NAME	
STREET ADDRESS	8826 GOODBY'S EXECUTIVE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSIT, ROBERT K	4.2 NAME	
STREET ADDRESS	3901 FAULKNER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68516	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, GARY L	5.2 NAME	
STREET ADDRESS	8826 GOODBY'S EXECUTIVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLBROOK, H. LEON	6.2 NAME	
STREET ADDRESS	ONE INDEPENDENT DR, SUITE 2301	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 _____

CR2E034 (9/96)