

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 19 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P36983** (5)

1. Corporation Name  
**EQUICREDIT CORPORATION OF AMERICA**

Principal Place of Business  
**1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207**

Mailing Address  
**1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**01/06/1992**

3a. Date of Last Report  
**04/22/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number  
**59-3060838**

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 has liability for intangible tax under G. 199.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VETH, STEPHEN R.  
1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAYT, JOHN T.  
STREET ADDRESS 1169 QUEENS HARBUR BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V  
NAME WALLACE, CHARLES H., JR.  
STREET ADDRESS 4309 FALLING LEAF COURT  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V  
NAME HARRIS, JOHN C.  
STREET ADDRESS 12018 CRANEFoot DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VS  
NAME VETH, STEPHEN R.  
STREET ADDRESS 6058 MADRID AVENUE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VT  
NAME MARSHALL, JOHN R.  
STREET ADDRESS 9 ARBOR CLUB DR, #213  
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS **9931 Blakeford Mill Rd.**

2.4 CITY-ST-ZIP **Jacksonville, FL 32256**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS **6858 Madrid Avenue**

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS **Treasurer  
Barbara B. Haley  
1801 Art Museum Drive  
Jacksonville, FL 32207**

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 110.07(3)(k), 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: By: Stephen R. Veth **Stephen R. Veth, Sr. Vice President** 4/05/95 **398-7581** (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Last) (Typed Name)