

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017616 (1)**

1. Corporation Name

EQUICREDIT CORPORATION/ALA. & MISS.

Principal Place of Business
**1801 ART MUSEUM DR.
JACKSONVILLE FL 32207**

Mailing Address
**1801 ART MUSEUM DR.
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/07/1994** 3a. Date of Last Report **n/a**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3230461		<input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		7. This corporation has liability for intangible tax under 5-159.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	P/D John T. Hayt
STREET ADDRESS		3. STREET ADDRESS	1801 Art Museum Drive
CITY - ST - ZIP		4. CITY - ST - ZIP	Jacksonville, FL 32207
TITLE		2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	V/D Charles H. Wallace, Jr.
STREET ADDRESS		3. STREET ADDRESS	1801 Art Museum Drive
CITY - ST - ZIP		4. CITY - ST - ZIP	Jacksonville, FL 32207
TITLE		3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. NAME	V/S/D Stephen R. Veth
STREET ADDRESS		3. STREET ADDRESS	1801 Art Museum Drive
CITY - ST - ZIP		4. CITY - ST - ZIP	Jacksonville, FL 32207
TITLE		4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4. NAME	T Lynn M. Terrell
STREET ADDRESS		4. STREET ADDRESS	1801 Art Museum Drive
CITY - ST - ZIP		4. CITY - ST - ZIP	Jacksonville, FL 32207
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY - ST - ZIP		5. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY - ST - ZIP		6. 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 stated in Section 119.07(3)(c), 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 007, 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 4/5/95 (904) 398-7581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)