

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

21 **10401 Deerwood Park Blvd.**
Suite, Apt. #, etc.

22 City & State

23 **Jacksonville, FL**
Zip Country

24 **32256**

25 **Duval**

2a. Mailing Address

26 **P.O. Box 53077**
Suite, Apt. #, etc.

27 City & State

28 **Jacksonville, FL**
Zip Country

29 **32201**

30 **Duval**

3. Date incorporated or Qualified
03/07/1994

3a. Date of Last Report
04/19/1995

4. FEI Number
59-3230461

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 s. 199.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name

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

00001817690

-05/13/96--01013--044

*****200.00**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person filing this report (owner, president, or secretary)

Name of Registered Agent (signature required when filing for 2219)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAYT, JOHN T.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WALLACE, JR. C	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	VETH, STEPHEN R.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TERRELL, LYNN M.	
STREET ADDRESS	1801 ART MUSEUM DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Jeffrey C. Larsen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P	
13 STREET ADDRESS	10401 Deerwood Park Blvd.	
14 CITY - ST - ZIP	Jacksonville, FL 32256	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	10401 Deerwood Park Blvd.	
24 CITY - ST - ZIP	Jacksonville, FL 32256	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	10401 Deerwood Park Blvd.	
34 CITY - ST - ZIP	Jacksonville, FL 32256	
41 TITLE	Treasurer/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Thomas C. Antoine	
43 STREET ADDRESS	10401 Deerwood Park Blvd.	
44 CITY - ST - ZIP	Jacksonville, FL 32256	
51 TITLE	John T. Hayt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Director	
53 STREET ADDRESS	10401 Deerwood Park Blvd.	
54 CITY - ST - ZIP	Jacksonville, FL 32256	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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:

Charles H. Wallace, Jr. 04/23/96 904-987-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

PM 5-1-96