

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000027744 (7)

FLORIDA CREDIT & COLLECTIONS BUREAU, INC.



Principal Place of Business

220 WEST GARDEN STREET
SUITE 203
PENSACOLA FL 32501

Mailing Address

220 WEST GARDEN STREET
SUITE 203
PENSACOLA FL 32501-5744

2. Principal Place of Business

21 224 E Garden Street

22 Suite 7

23 Pensacola, Florida

24 32501

2a. Mailing Address

26 224 E Garden Street

27 Suite 7

28 Pensacola, Florida

29 32501

30 USA

3. Date Incorporated or Qualified
03/29/1996

3a. Date of Last Report
NA

4. FEI Number
59-3366489

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
Robert W. Lowell

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

83 Suite 7

84 City
Pensacola

85 Zip Code
FL 32501

11. Pursuant to the provisions of Sections 607.007 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I, the undersigned, as a duly authorized officer or director of the corporation, hereby certify that the above-named corporation has authorized by its board of directors the change of its registered agent to the person named above. I hereby accept the appointment as registered agent. (NOTE: Registered Agent signature required when reinstating)

SIGNATURE: *Robert W. Lowell*

Robert W. Lowell, President

3/1/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, RONALD J	
STREET ADDRESS	1 MULBERRY STREET	
CITY-STATE-ZIP	EAST ELLIJAY GA 30539	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Robert W. Lowell	
13 STREET ADDRESS	224 E Garden St Suite 7	
14 CITY-STATE-ZIP	Pensacola FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	Secretary	
22 NAME	JoAnn Lowell	
23 STREET ADDRESS	224 E Garden St, Suite 7	
24 CITY-STATE-ZIP	Pensacola, FL 32501	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on this form has been read and is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a duly authorized 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: *Robert W. Lowell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 438-8718

CR2E034 (9/96)