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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT # 195228

## CREDIT BUREAU OF ESCAMBIA COUNTY INCORPORATED

Principal Place of Business		Mailing Address		7 10016   10016   10016   10016   1001   1001   1001   1001   1001   1001   1001   1001   1001   1001   1001			
102 E PALMETTO AVE P O BOX 16190 PENSACOLA FL 32507		102 E PALMETTO AVE P O BOX 16196 PENSACOLA FL 32507					
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1995			
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-0785110		Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional
2		City & State			6. Election Campaign Financing		5.00 May Be
City & State	;	28			Trust Fund Contribution	11 7	dded to Fees
29) - Zipi	Country	Zip	Country	у	8. This corporation has liability for		ers 199.032,
4	25	29	30			□ No	
	9. Name and Address of Cu	rrent Registered Agent		T 51	10. Name and Address of New F	Registered Agen	
			81				
	TER, JAMES R & REBECCA /	A	82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)	
	PALMETTO AVE		83	<del> </del>			
PENSA	COLA FL 32507		<u> </u>				T-0.5.
			84	1 City		FL   65	Zip Code
familiar v/i	th, and accept the obligations of,	Statute Fronce (Coco. 1997)	10.				
SIGNATURE .	Souther typed or princed range of reasstened	By nt and 5th if applicable (N	IOTE: Registered Age	ent signature require	ed when reinstating)	DATE	
	Sammure, type at an primary number of registered OFFICERS	By int and their flapolicable (N SIAND DIRECTORS	IOTE: Registered Age	ant signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	FICERS AND DIRE	
SIGNATURE 111. 111.					ed when reinstating) ADDITIONS/CHANGES TO OFF		
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Too neretry certify that the information supplied with this limit is voluntarily formshed and obes not quality for the semplon states in Section 118-07(b), Footial statutes, the footial statutes in 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.

| GNATURE: Letter and Letter