

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

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Jan 23 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 # 195228 (2)
1. Corporation Name
CREDIT BUREAU OF ESCAMBIA COUNTY INCORPORATED



Principal Place of Business
102 E PALMETTO AVE
P O BOX 16196
PENSACOLA FL 32507

Mailing Address
102 E PALMETTO AVE
P O BOX 16196
PENSACOLA FL 32507-6196

3. Date Incorporated or Qualified 08/10/1956	3a. Date of Last Report 03/15/1996
4. FEI Number 59-0785110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
KICKLITER, JAMES R & REBECCA A
102 E PALMETTO AVE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ (Type or Print Name of Signing Officer or Director) _____ (Type or Print Name of Registered Agent, signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST KICKLITER, JAMES R 102 E PALMETTO AVE PENSACOLA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KICKLITER, JAMES R	1.2 NAME	
STREET ADDRESS	102 E PALMETTO AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	1.4 CITY-STATE-ZIP	
TITLE	VM KICKLITER, JAMES R	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KICKLITER, JAMES R	2.2 NAME	
STREET ADDRESS	102 E PALMETTO AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	2.4 CITY-STATE-ZIP	
TITLE	VST KICKLITER, REBECCA A	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KICKLITER, REBECCA A	3.2 NAME	
STREET ADDRESS	102 E PALMETTO AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 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: *Rebecca A. Kickliter* 1/16/97 904/455-9541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)