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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 299701

(3)

Mailing Address

EQUITY PURCHASING CORPORATION

FILED
Apr 24 1997 8:00am
Secretary of State

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1708 ST JOHN PO BOX-8058 JACKSONVILLE	IS BLUFF ROAD	1709 ST JOHNS BLUFF ROA! PO BOX 8058 JACKSONVILLE FL 92239.005	D 8						
			-		 Date Incorporated or Qualified 12/14/1965 		of Last R 5/1996	leport	
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number		Ar	oplied For	
21		26 PO BOX 350117	<u> </u>		59-1156549		_,	ot Applicable	
Suite Apt.	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired	
City & State 23	e	City & State 28 Jacksonville.	Flor	ida	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip 24	Country 25	2iρ 29 32235 30	Country			Yes 🔲	No	. 199.032,	
	9. Name and Address of Curr	ent Registered Agent		·	10. Name and Address of New Reg	lstered A	jent		4
WH	ATLEY, CATHERINE		81	Name					
	32 RALEY CREEK DR. S. CKSONVILLE FL 32225		82	Street Add	Iress (P.O. Box Number is Not Acceptable	e)			
}			83						
 			84	City		FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the abov	e-named cor	poration submits this statement for the pr	irpose of c	hanging it	ts registered	1
• office or r agent La	registered agent, or both, in the Sta im familiar with, and accept the obt	ite of Florida. Such change was auth igations of, Section 607.0505, Florid	orized b a Statute	y the corpora s.	tion's board of directors. I hereby accep	t the appoi	ntment as	registered	
€IGNATURE									
SIGNATION	$S_{\rm c}$) and the dyplication primesof names of registered ϵ	agent and title d'applicable (NOTE: Re	egistered Ag	ent signature requ	ired when reinstating)	DATE			J_
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				CR2E034 (9/96)
TILE	P	☐ DELETE	1.1 TITLE			L	_] Change	Addition	0
NAME	WHATLEY, CATHERINE		1.2 NAME						2
STREET ADDRESS	10932 RALEY CREEK DR. S	•	1.3 STREE	I ADDRESS					Ĭμ
CITY SE-ZIP	JACKSONVILLE FL		1.4 CITY-	ST-ZIP	4		4.2.	T 7 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<u> </u>
T811.E	V	☐ DELETE	2.1 TITLE			i.	Change	Addition	١
NAME	BUCK, JAMES O.		2.2 NAME						
STREET ADDRESS	1922 HOLLY OAKS RAVINE			f adoress					1
Cf"Y SJ-ZiF	JACKSONVILLE FL.	DELETE	2.4 CITY-	ST-ZIP			Change	Addition	┨
TITLE NELEZ	ST MALATIEV EDED I	ןJ טבנכונ ביין טבנכונ	3.1 TITLE			L	change	L AUUIRUII	
NAME creery appropries	WHATLEY, FRED J. 10932 RALEY CREEK DR. S		3.2 NAME	T ADODESCS	•				
STREET ADDRESS	JACKSONMLLE FL.	•		T ADDRESS					1
011-51-7IP 1111	UNUNSUITTILLE I'L	DELETE	3.4. CITY- 4.1 TITLE	01-XII		T	Change	Addition	1
NAM:			4. 2 NAME			_			
STREET ADDRESS				T ADORESS					
C TY-ST-70P			4.4 CITY-						
1/16		DELETE	5.1 TITLE		·····		Change	☐ Addition	1
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY-						
11.1.6		☐ DELETE	6.1 TITLE			T	Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
0:Fr - S1 - 7:P1			6.4 CITY-	ST-ZIP					
	by certily that the information sum	lied with this filing does not qualify for			d in Section 119.07(3)(i), Florida Statutes	. I further o	ertify that	the	1

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(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.

GNATURE:

(Poy) 641-9466

SIGNATURE: