FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 340748 (3)

1. Corporation Name

COLLECTION BUREAU OF FT. WALTON BEACH, INC.

Principal Place of Business	Mailing Address
711 NORTH EGLIN PARKWAY P O BOX ~~330~~ 4127 FORT WALTON BEACH FL ~~32547-2527~~ 32549 - 4127	711 NORTH EGLIN PARKWAY P O BOX ~~710~~ 4127 FORT WALTON BEACH FL ~~32547-2527~~ 32549 - 4127

3. Date Incorporated or Qualified: 01/28/1969
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 711 Eglin Pkwy
Suite, Apt. #, etc.
22
City & State
23 Ft Walton Beach, Fl
Zip 24 32547 Country 25 USA

2a. Mailing Address
26 PO Box 4127
Suite, Apt. #, etc.
27
City & State
28 Ft Walton Beach, Fl
Zip 29 32549 Country 30 USA

4. FEI Number: 59-1229511 ☐ 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

COOLEY,TOMMY M
712 MOORE CIR
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 ____________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COOLEY,TOMMY M	
STREET ADDRESS	712 MOORE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	☐ DELETE
NAME	COOLEY,OLIVIA	
STREET ADDRESS	712 MOORE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	☐ DELETE
NAME	COLLEY, OLIVIA	
STREET ADDRESS	712 MOORE CIRCLE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	☒ DELETE
NAME	JORDAN, ILA GLASSCOCK	
STREET ADDRESS	802 HOLBROOK CIR	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Jo Ann Von Der Osten	
4.3 STREET ADDRESS	188 Miramar Drive	
4.4 CITY-ST-ZIP	Mary Esther, Fl 32569	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Tommy M. Cooley [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96
Date

904 8622154
Daytime Phone #

CR2E034 (12/95)