

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 # 413874 (9)

1. Corporation Name

CREDIT BUREAU OF FORT WALTON BEACH, INC.



Principal Place of Business: 711 NORTH EGLIN PARKWAY, P.O. BOX 2500, FORT WALTON BEACH FL 32549
Mailing Address: 711 NORTH EGLIN PARKWAY, P.O. BOX 2500, FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 12/01/1972
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1428718
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

10. Name and Address of New Registered Agent

COOLEY, TOMMY M.
711 NORTH EGLIN PARKWAY
FT. WALTON BEACH FL 32548

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COOLEY, TOMMY M	1.2 NAME	
STREET ADDRESS	712 MOORE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	COOLEY, OLIVIA D.	2.2 NAME	
STREET ADDRESS	712 MOORE CIRCLE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	VON DER OSTEN, JOANN	3.2 NAME	
STREET ADDRESS	188 MIRAMAR DRIVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARY ESTHER FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	COOLEY, OLIVIA D.	4.2 NAME	
STREET ADDRESS	712 MOORE CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-96

904 864 5652

CR2E034 (12/95)