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Jan 27 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 618849

(4)

1. Corporation Name

EQUICREDIT CORPORATION OF FL.



Principal Place of Business

Mailing Address

10401 DEERWOOD PARK BLVD  
LEGAL DEPT.  
JACKSONVILLE FL 32256  
US10401 DEERWOOD PARK BLVD  
LEGAL DEPT.  
JACKSONVILLE FL 32256-0513  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VETH, STEPHEN R.  
10401 DEERWOOD PARK BLVD  
LEGAL DEPT.  
JACKSONVILLE FL 32256

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

Signature typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD  
NAME VETH, STEPHEN R.  
STREET ADDRESS 10401 DEERWOOD PARK BLVD  
CITY- ST- ZIP JACKSONVILLE FL ☐ DELETETITLE PD  
NAME HAYT, JOHN T.  
STREET ADDRESS 10401 DEERWOOD PARK BLVD  
CITY- ST- ZIP JACKSONVILLE FL ☒ DELETETITLE VD  
NAME WALLACE, CHARLES H  
STREET ADDRESS 10401 DEERWOOD PARK BLVD  
CITY- ST- ZIP JACKSONVILLE FL ☐ DELETETITLE VT  
NAME THOMAS, C. ANTOINE  
STREET ADDRESS 10401 DEERWOOD PARK BLVD  
CITY- ST- ZIP JACKSONVILLE FL ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE1.1 TITLE VS ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP2.1 TITLE Jeffrey C. Larsen ☐ Change ☒ Addition  
2.2 NAME Jeffrey C. Larsen  
2.3 STREET ADDRESS 109 Indian Cove Ln.  
2.4 CITY- ST- ZIP Pt. Vedra Bch., FL 320823.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP5.1 TITLE Terence G. Vane, Jr. ☐ Change ☒ Addition  
5.2 NAME Terence G. Vane, Jr.  
5.3 STREET ADDRESS 10150 Belle Rive Blvd. #2303  
5.4 CITY- ST- ZIP Jacksonville, FL 322566.1 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 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:

By:

Charles H. Wallace, Jr. Executive Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/15/97 904-981-5000

CR2E034 (9/96)