

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

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 638733 (6)**  
 1. Corporation Name  
**CREDIT BUREAU OF PANAMA CITY, INC.**

Principal Place of Business <b>450 MAGNOLIA AVENUE PANAMA CITY FL 32401</b>	Mailing Address <b>450 MAGNOLIA AVENUE PANAMA CITY FL 32401-3127</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/05/1979</b>	3a. Date of Last Report <b>04/05/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-6641265</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>LAIRD, BESSIE C. 450 MAGNOLIA AVENUE PANAMA CITY FL 32401</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Phyllis L. Chaffin</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>450 Magnolia Avenue</b>	
		83	
		84 City <b>PANAMA City</b>	85 Zip Code <b>FL 32401</b>

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 *Phyllis L. Chaffin* **Phyllis L. Chaffin** April 2, 1997  
(Signature required for printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAIRD, BESSIE C.</b>	1.2 NAME	<b>Phyllis L. Chaffin</b>
STREET ADDRESS	<b>450 MAGNOLIA AVENUE</b>	1.3 STREET ADDRESS	<b>450 Magnolia Ave</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	1.4 CITY-ST-ZIP	<b>Panama City, Fl 32401</b>
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAFFIN, PHYLLIS L</b>	2.2 NAME	
STREET ADDRESS	<b>5210 ANTELOPE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STONE MT. GA</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-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-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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: *Phyllis L. Chaffin* **Phyllis L. Chaffin** April 2, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)