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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710286

1. Corporation Name

ASSOCIATED CREDIT BUREAUS OF FLORIDA, INC.

Principal Place of Business

1627 E. SILVER SPRINGS BLVD.
STE. E
OCALA FL 34470
US

Mailing Address

P.O. BOX 2017
OCALA FL 34478
US



2. Principal Place of Business

21 **4250 Kelson Ave.**

2a. Mailing Address

26 **P.O. Box 764**

3. Date Incorporated or Qualified

02/01/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6142091

Applied For

Not Applicable

City & State

23 **Marianna, FL**

City & State

28 **Marianna FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 **32446** 25 **Jackson**

Zip Country

29 **32447** 30 **Jackson**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JONES, NANCY
1847 S.W. FIRST AVE.
OCALA FL 32671

10. Name and Address of New Registered Agent

81 Name **Donald D. Hughes**
82 Street Address (P.O. Box Number is Not Acceptable)
4250 Kelson Ave
83
84 City **Marianna** FL 85 Zip Code **32446**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1-6-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JONES, NANCY	
STREET ADDRESS	1627 E. SILVER SPRINGS BLVD., STE. E	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRONE, ROBERT	
STREET ADDRESS	134 S TAMPA ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRACKETT, ROBERT	
STREET ADDRESS	2066 14 AVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VON DER OSTON, JO ANN	
STREET ADDRESS	711 ELGIN PKWY N.E.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald D. Hughes, Donald D.	
1.3 STREET ADDRESS	4250 Kelson Ave	
1.4 CITY-ST-ZIP	Marianna, FL 32446	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OK	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mc Donals, Mike	
3.3 STREET ADDRESS	109 S.E. 1st ST	
3.4 CITY-ST-ZIP	Ocala, FL 34471	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OK	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald D. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)