

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 3:36

DOCUMENT # **F61088** (3)  
1. Corporation Name  
**NORTHEAST FLORIDA CREDIT BUREAU, INC.**

Principal Place of Business Mailing Address  
**2535 US 1 SOUTH STE 1  
PO DRAWER 3706  
ST AUGUSTINE FL 32086-4903**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/29/1981	06/14/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2147000	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCCLURE, GEORGE M 3 PALM ROW ST AUGUSTINE FL 32084</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	81 KING ST		
				B4	City	FL	B5

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) (Date) \_\_\_\_\_ (Date)  
 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (Date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, RICHARD J	2. NAME	
STREET ADDRESS	3801 CRAZY HORSE TRAIL	3. STREET ADDRESS	
CITY, ST, ZIP	ST AUGUSTINE, FL 00000	4. CITY, ST, ZIP	
TITLE	STD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, KAREN	22. NAME	
STREET ADDRESS	4261 WICKS BRANCH ROAD	23. STREET ADDRESS	
CITY, ST, ZIP	ST AUGUSTINE, FL 00000	24. CITY, ST, ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, CAROLINE R	32. NAME	
STREET ADDRESS	3801 CRAZY HORSE TRAIL	33. STREET ADDRESS	
CITY, ST, ZIP	ST AUGUSTINE, FL 00000	34. CITY, ST, ZIP	
TITLE	PD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, WAYNE J	42. NAME	
STREET ADDRESS	4261 WICKS BRANCH ROAD	43. STREET ADDRESS	
CITY, ST, ZIP	ST AUGUSTINE, FL 00000	44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 the report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Gordon* **KAREN GORDON** 4/11/95 904-797-1877  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR