FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

BQCC Receivables Corporation F93000001317

Principal Place of Business	Mailing Address
1801 Art Museum Drive Jacksonville, FL 32207	Legal Department P.O. Box 53077 Jacksonville, FL 32201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
3/19/93	4/94

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc (22) (27)

City & State (23) (28)

Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3170055 ☐ Applied For ☐ Not Applicable

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Stephen R. Veth	12 NAME	600001470336
STREET ADDRESS	1801 Art Museum Drive	13 STREET ADDRESS	-05/02/95--01020--014
CITY ST ZIP	Jacksonville, FL 32207	14 CITY ST ZIP	****200.00 ****200.00
TITLE	V/T/D	21 TITLE	☐ Change ☐ Addition
NAME	John R. Marshall	22 NAME	
STREET ADDRESS	1801 Art Museum Drive	23 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL 32207	24 CITY ST ZIP	
TITLE	V/S/D	31 TITLE	☐ Change ☐ Addition
NAME	John C. Harris	32 NAME	
STREET ADDRESS	1801 Art Museum Drive	33 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL 32207	34 CITY ST ZIP	
TITLE	D.	41 TITLE	☐ Change ☐ Addition
NAME	C. Roberto Andrade	42 NAME	
STREET ADDRESS	1801 Art Museum Drive	43 STREET ADDRESS	T/S 5/1/95
CITY ST ZIP	Jacksonville, FL 32207	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Robert C. Witcher	52 NAME	
STREET ADDRESS	1801 Art Museum Drive	53 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL 32207	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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)(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: Stephen R. Veth Stephen R. Veth, President 4/13/95 904-398-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #