

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000001377 (1)

1. Corporation Name

EQCC RECEIVABLES CORPORATION



Principal Place of Business

Mailing Address

1801 ART MUSEUM DRIVE  
JACKSONVILLE FL 32207

LEGAL DEPARTMENT  
P.O. BOX 53077  
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified  
03/19/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 10401 Deerwood Park Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PLINE ISLAND ROAD  
PLANTATION FL 33324

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 if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VETH, STEPHEN R.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JOHN R.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HARRIS, JOHN C	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDRADE, C. ROBERTO	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITCHER, ROBERT C.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10401 Deerwood Park Blvd.
1.4 CITY - ST - ZIP	Jacksonville, FL 32256
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP/T/D
2.3 STREET ADDRESS	John P. Silsby, II
2.4 CITY - ST - ZIP	10401 Deerwood Park Blvd.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10401 Deerwood Park Blvd.
3.4 CITY - ST - ZIP	Jacksonville, FL 32256
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	10401 Deerwood Park Blvd.
4.4 CITY - ST - ZIP	Jacksonville, FL 32256
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10401 Deerwood Park Blvd.
5.4 CITY - ST - ZIP	Jacksonville, FL 32256
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 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 shareholder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Harris

04/23/96

904-987-5000

Date

Daytime Phone #

CR2E034 (12/95)