

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 FEB 13 AM 11:17

DOCUMENT # F94000000113 (0)

1. Corporation Name

THE CREDIT DEPOT CORPORATION OF FLORIDA

Principal Place of Business

700 WACHOVIA CENTER
GAINESVILLE GA 30601

Mailing Address

700 WACHOVIA CENTER
GAINESVILLE GA 30601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

58-2058448

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
110 N. MAGNOLIA ST
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

SIGLER, DONALD H JR
700 WACHOVIA CENTER
GAINESVILLE GA

STREET ADDRESS

CITY-ST-ZIP

TITLE

PD

NAME

SULLIVAN, GERALD F
700 WACHOVIA CENTER
GAINESVILLE GA

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

NAME

CARTON, ROBERT
700 WACHOVIA CENTER
GAINESVILLE GA

STREET ADDRESS

CITY-ST-ZIP

TITLE

VS

NAME

FLYNN, JACQUELINE L
700 WACHOVIA CENTER
GAINESVILLE GA

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

V
Thomas, John C.
700 Wachovia Center
Gainesville, GA

SIGNATURE:

Jacqueline L. Flynn
Jacqueline L. Flynn

1-26-95 (404)531-9927