

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002793 (6)
 1. Corporation Name
ACCOUNTS RECEIVABLE, THE PROFESSIONAL RECOVERY FIRM, INC.



Principal Place of Business 1527 GOODYEAR AVE. BRUNSWICK GA 31520	Mailing Address 1527 GOODYEAR AVE. BRUNSWICK GA 31520
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 118 DRUID OAKS LAND Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 20128 Suite, Apt. #, etc.
22 City & State 23 ST. SIMONS ISL., GA.	27 City & State 28 ST. SIMONS ISL., GA.
24 Zip 31522	25 Country 29 GLYNN
24 Zip 31522	30 Country 30 GLYNN

3. Date Incorporated or Qualified 06/08/1995	
4. FEI Number 58-2071496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WOOD, JUDY C
1250 S. 18TH ST.
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, JUDY C	
STREET ADDRESS	1527 GOODYEAR AVE.	
CITY-ST-ZIP	BRUNSWICK GA 31520	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ROYCE	
STREET ADDRESS	1527 GOODYEAR AVE.	
CITY-ST-ZIP	BRUNSWICK GA 31520	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, EVELYN	
STREET ADDRESS	1527 GOODYEAR AVE.	
CITY-ST-ZIP	BRUNSWICK GA 31520	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOOD, WILLIAM D	
STREET ADDRESS	1527 GOODYEAR AVE.	
CITY-ST-ZIP	BRUNSWICK GA 31520	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JUDY C. WOOD	
1.3 STREET ADDRESS	118 DRUID OAKS LAND	
1.4 CITY-ST-ZIP	ST. SIMONS ISL., GA. 31522	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAM DAVID WOOD	
2.3 STREET ADDRESS	118 DRUID OAKS LANE	
2.4 CITY-ST-ZIP	ST. SIMONS ISL., GA. 31522	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUDY C. WOOD	
3.3 STREET ADDRESS	118 DRUID OAKS LANE	
3.4 CITY-ST-ZIP	ST. SIMONS ISLAND, GA. 31522	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM DAVID WOOD	
4.3 STREET ADDRESS	118 DRUID OAKS LANE	
4.4 CITY-ST-ZIP	ST. SIMONS ISL., GA. 31522	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judy C. Wood* Judy C. Wood President 4-10-98 912-634-2707

CR2E034 (10/97)