

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G03655** (9)

1. Corporation Name

CREDIT BUREAU OF TAYLOR COUNTY, INC.



Principal Place of Business

P.O. BOX 382
PERRY FL 32347

Mailing Address

P.O. BOX 382
PERRY FL 32347

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**RAGANS, HOYT L.
RT 3 BOX 124
PERRY FL 32347**

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 607.0802 and 607.1504, 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 obligation of, Section 607.0803, Florida Statutes.

SIGNATURE

Betty J. Ragans

12.

OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

RAGANS, HOYT L.

STREET ADDRESS

RT 3 BOX 124

CITY, ST, ZIP

PERRY FL

TITLE

ST

☐ DELETE

NAME

RAGANS, BETTY JO

STREET ADDRESS

RT 3 BOX 124

CITY, ST, ZIP

PERRY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I hereby certify that the information supplied was true to the best of my knowledge. I further certify that the information indicated on this annual report or supplementary 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 registered agent 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 or changed or corrected in Block 13.

SIGNATURE:

Betty J. Ragans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

4-10-96

904-584-5283

CR2E034 (12/95)