

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
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DOCUMENT # **L25931** (1)

1. Corporation Name

CREDITQUICK, INC.

Principal Place of Business

**50 LAURA ST
JACKSONVILLE FL 32202-3610**

Mailing Address

**50 LAURA ST
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/27/1989

3a. Date of Last Report

03/31/1995

4. FEI Number

59-2975662

Applied For

Not Applicable

5. Certificate of Status Desired

XX

**\$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 **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

**SWARTLEY, RICHARD E
50 LAURA ST
JACKSONVILLE FL 32202-3610**

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 date of appointment

(Not for Registered Agent's signature to post when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ D
NAME **BREWER, RICHARD C JR**
STREET ADDRESS **7145 WILD HORSE CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

☐ DELETE

TITLE ☒ D
NAME **CHAPLIN, LEE H JR**
STREET ADDRESS **9000 SOUTHSIDE BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE

TITLE ☒ DP
NAME **HARNAGE, BURNIS E**
STREET ADDRESS **50 LAURA ST**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ DELETE

TITLE ☒ D
NAME **JOHNSON, THOMAS P JR**
STREET ADDRESS **4964 PRINCE EDWARD RD**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ DELETE

TITLE ☒ D
NAME **MONDELLO, JAMES F**
STREET ADDRESS **440 ALEXANDRIA CIRCLE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

☐ DELETE

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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*****208.75**

74.22

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD C BREWER

4/25/96 (904) 721-5299

Date

Day/Time Phone #

CR2E034 (12/95)