

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L77409 (5)

1. Corporation Name

ACCOUNTS RECOVERY SPECIALISTS, INC.



Principal Place of Business

9951 ATLANTIC BLVD.
SUITE 323-15
JACKSONVILLE FL 32225

Mailing Address

9951 ATLANTIC BLVD.
SUITE 323-15
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified
06/04/1990

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2998335

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

LILLIBRIDGE, ROBERT P.
9951 ATLANTIC BLVD.
SUITE 323-15
JACKSONVILLE FL 32225

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 of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is not the corporation)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

DP
LILLIBRIDGE, ALICE H.
9951 ATLANTIC BLVD
JACKSONVILLE FL

☐ DELETE

D
LILLIBRIDGE, ROBERT P.
9951 ATLANTIC BLVD
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. 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 receiver or trustee or 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

4/30/96 (904) 721-5377

CR2E034 (12/95)