

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

DOCUMENT # P93000042574 (2)

1. Corporation Name

ADVANTAGE CREDIT CORPORATION

Principal Place of Business

5100-6 SUNBEAM ROAD
JACKSONVILLE FL 32217

Mailing Address

5100-6 SUNBEAM ROAD
JACKSONVILLE FL 32217



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

9. Name and Address of Current Registered Agent

JETER, WILLIAM H JR
3030 HARTLEY ROAD
SUITE 200
JACKSONVILLE FL 32257

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

[Signature]

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

HUTCHINSON, M.F.

STREET ADDRESS

3919 PHILLIPS HWY

CITY- ST- ZIP

JACKSONVILLE FL

TITLE

VP

NAME

GOLVIN, WILLIAM R. Mark Escude

STREET ADDRESS

4 CEATROUT ST

CITY- ST- ZIP

PONTE VEDRA BCH FL Jax., FL. 32256

TITLE

S

NAME

SIMPSON, RAMONA

STREET ADDRESS

9445 BAYMEADOWS RD

CITY- ST- ZIP

JACKSONVILLE FL Jax., FL. 32225

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

Vice President

XX

Mark Escude

7642 Hunters Grove Road

Jacksonville, Fl. 32256

Secretary

XX

Leroy Strickland

12747 Shinnecock Way

Jacksonville, Fl. 32225

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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

3-13-96

CR2E034 (12/95)