

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 # P94000027505 (4)

1. Corporation Name

CONSOLIDATED COLLECTIONS AND CREDIT CORPORATION

Principal Place of Business

5300 S FLORIDA AVE
LAKELAND FL 33813

Mailing Address

5300 S FLORIDA AVE
LAKELAND FL 33813



2. Principal Place of Business

21 1234 East Lime Street
Suite, Apt. #, etc.

2a. Mailing Address

26 1234 East Lime Street
Suite, Apt. #, etc.

22 City & State

23 Lakeland, FL
Zip Country

24 33801

25 Polk

27 City & State

28 Lakeland, FL
Zip Country

29 33801

30 Polk

9. Name and Address of Current Registered Agent

BURKEY, JOHN D
5300 S FLORIDA AVE
LAKELAND FL 33813

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

04/20/1995

4. FEI Number

59-3235572

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

10. Name and Address of New Registered Agent

81 Name

82 Pamela M Andrews
Street Address (P.O. Box Number is Not Acceptable)

83

84 1234 East Lime Street
City

Lakeland

FL

85 Zip Code

33801

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

Pamela M. Andrews

Pamela M Andrews

3-25-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BURKEY, JOHN D
STREET ADDRESS 5300 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE

NAME LONIEWSKI, ROBERT J
STREET ADDRESS 5300 S FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33813

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

VP, S, T, D

LONIEWSKI, ROBERT J

1234 EAST LIME STREET

LAKELAND, FL 33801

P

PAMELA M ANDREWS

1234 EAST LIME STREET

LAKELAND, FL 33801

☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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:

Pamela M. Andrews

Pamela M Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)