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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000057982 (6)

1. Corporation Name

NATIONAL FINANCIAL RECOVERY CORPORATION

Principal Place of Business

8009 N. RIVER BOULEVARD
TAMPA FL 33603

Mailing Address

5009 N. RIVER BOULEVARD
TAMPA FL 33603-1940



3. Date Incorporated or Qualified

07/08/1996

3a. Date of Last Report

NONE

4. FCI Number

☒ 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CHASTAIN, STEPHEN J
14807 N. 42ND STREET
APT. 55
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name Chastain, Stephen J
82 Street Address (P.O. Box Number is Not Acceptable)
10710 N Central Ave
83
84 City Tampa FL 85 Zip Code 33612

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 Stephen J. Chastain

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Stephen J. Chastain 4/22/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHASTAIN, STEPHEN J
STREET ADDRESS 14807 N. 42ND STREET, APT. 55
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☐ DELETE

NAME CHASTAIN, BOBBI A
STREET ADDRESS 14807 N. 42ND STREET, APT. 55
CITY-ST-ZIP TAMPA FL 33603

TITLE D ☐ DELETE

NAME CHASTAIN, STEPHEN S
STREET ADDRESS 5009 N. RIVER BLVD.
CITY-ST-ZIP TAMPA FL 33603

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

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Chastain, Stephen J
1.3 STREET ADDRESS 10710 N Central Ave
1.4 CITY-ST-ZIP Tampa, Florida 33612

2.1 TITLE D ☐ Change ☐ Addition

2.2 NAME Chastain, Bobbi A
2.3 STREET ADDRESS 10710 N Central Ave
2.4 CITY-ST-ZIP Tampa, Florida 33612

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Stephen J. Chastain 4/22/97 (912) 258-1817

CR2E034 (9/96)