

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20790

(4)

1. Corporation Name

PRIMARY COLLECTIONS, INC.

Principal Place of Business

% 2730 U.S. 1 SOUTH, SUITE L
ST. AUGUSTINE FL 32086

Mailing Address

% 2730 U.S. 1 SOUTH, SUITE L
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3119162

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. 193.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21. *SAME*

Suite, Apt. #, etc.

2a. Mailing Address

26. *SAME*

Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

OWENS, JAMES W.
2730 U.S. 1 SOUTH
SUITE L
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip

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 Agent or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PO	OWENS, JAMES W	266 DARTMOUTH RD	ST AUGUSTINE FL
STD	OWENS, FRANCES G	31 SANFORD ST	ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	15 Change	16 Addition
		P. O. BOX 3783	ST. AUGUSTINE, FL 32085	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(a), 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 as Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James W. Owens* JAMES W. OWENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 904-794-0100