

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 # **F95000002793 (6)**

1. Corporation Name

ACCOUNTS RECEIVABLE, THE PROFESSIONAL RECOVERY FIRM, INC.



Principal Place of Business

1527 GOODYEAR AVE.
BRUNSWICK GA 31520

Mailing Address

1527 GOODYEAR AVE.
BRUNSWICK GA 31520

3. Date Incorporated or Qualified
06/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

4. FEI Number
58-2071496

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

**WOOD, JUDY C
1250 S. 18TH ST.
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

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 officer or director new or whose term has expired that applies

Signature of Registered Agent new or whose term has expired that applies

DATE

12. OFFICERS AND DIRECTORS

P DELETE
TITLE
NAME **WOOD, JUDY C**
STREET ADDRESS **1527 GOODYEAR AVE.**
CITY- ST- ZIP **BRUNSWICK GA 31520**

V DELETE
TITLE
NAME **WOOD, ROYCE**
STREET ADDRESS **1527 GOODYEAR AVE.**
CITY- ST- ZIP **BRUNSWICK GA 31520**

S DELETE
TITLE
NAME **WOOD, EVELYN**
STREET ADDRESS **1527 GOODYEAR AVE.**
CITY- ST- ZIP **BRUNSWICK GA 31520**

T DELETE
TITLE
NAME **WOOD, WILLIAM D**
STREET ADDRESS **1527 GOODYEAR AVE.**
CITY- ST- ZIP **BRUNSWICK GA 31520**

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

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 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 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:

Judy C. Wood

Judy C. Wood

4-26-96

912-262-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)