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Mar 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M58901 (3)

1. Corporation Name
AMERICAN FINANCE ADJUSTERS OF OCALA, INC.

Principal Place of Business

C/O VERNON R. ANSELL
3622 N.E. JACKSONVILLE RD.
OCALA FL 32670

Mailing Address

C/O VERNON R. ANSELL
3622 N.E. JACKSONVILLE RD.
OCALA FL 32670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1987

4. FEI Number

59-2843053

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 4526
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 4526
Suite, Apt. #, etc.

23 City & State

Ocala, FL
Zip Country

27 City & State

Ocala, FL
Zip Country

24 34478

25

28 34478

30

9. Name and Address of Current Registered Agent

ANSELL, VERNON R.

~~3622 N.E. JACKSONVILLE RD.~~
OCALA FL 32670

4745 NE 36TH AVE
OCALA, FL 34777

10. Name and Address of New Registered Agent

81 Name

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

2929 NE 106 St.

83

84 City Anthony

FL

85 Zip Code 32617

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ANSELL, VERNON R.
STREET ADDRESS 3622 N.E. JAX ROAD
CITY-ST-ZIP OCALA FL

TITLE VST ☐ DELETE

NAME ANSELL, JANET
STREET ADDRESS 3622 N.E. JAX ROAD
CITY-ST-ZIP OCALA FL

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2929 NE 106 St.
Anthony, FL 32617

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2929 NE 106 St.
Anthony, FL 32617

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 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:

CR2E034 (10/97)