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FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005884 (2)

1. Corporation Name

BFS ACCEPTANCE CORPORATION

Principal Place of Business

8900 GRAND OAK CIR  
TAMPA FL 33637-1050  
US

Mailing Address

8900 GRAND OAK CIR  
TAMPA FL 33637-1050  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/27/1993

4. FEI Number

59-2261135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VTD  
BARE, JAMES A  
8900 GRAND OAK CIR.  
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD  
WHITING, GARY E.  
8900 GRAND OAK CIRCLE  
TAMOA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD  
GARNER, JAMES R  
8900 GRAND OAK CIR.  
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V  
BLACKBURN, KENNETH  
8900 GRAND OAK CIRCLE  
TAMOA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT  
HILLSMAN, JAMES R  
8900 GRAND OAK CIR  
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS  
BROTT, HAZEL  
8900 GRAND OAK CIR  
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Hazel A. Brott

HAZEL A. BROTT

1/21/98

813-632-4500

CR2E034 (10/97)