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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90018 001 *1,350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005884

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

3. Date Incorporated or Qualified

12/27/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-2261135

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE **PD** ☐ DELETE
NAME **WHITING, GARY E.**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMOA FL**

TITLE **VSD** ☐ DELETE
NAME **GARNER, JAMES R**
STREET ADDRESS **8900 GRAND OAK CIR.**
CITY-ST-ZIP **TAMPA FL**

TITLE **V** ☒ DELETE
NAME **BLACKBURN, KENNETH**
STREET ADDRESS **8900 GRAND OAK CIRCLE**
CITY-ST-ZIP **TAMOA FL**

TITLE **VT** ☒ DELETE
NAME **HILLSMAN, JAMES R**
STREET ADDRESS **8900 GRAND OAK CIR**
CITY-ST-ZIP **TAMPA FL**

TITLE **AS** ☒ DELETE
NAME **BROTT, HAZEL**
STREET ADDRESS **8900 GRAND OAK CIR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
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 **D HENRY F. SHIGLEY**
33 STREET ADDRESS **8900 GRAND OAK CIRCLE**
34 CITY-ST-ZIP **TAMPA, FL 33637-1050**

41 TITLE ☐ Change ☒ Addition
42 NAME **V/CFO DOUGLAS G. WISDORF**
43 STREET ADDRESS **8900 GRAND OAK CIRCLE**
44 CITY-ST-ZIP **TAMPA, FL 33637-1050**

51 TITLE ☐ Change ☒ Addition
52 NAME **AS BEVERLY THURSTON**
53 STREET ADDRESS **8900 GRAND OAK CIRCLE**
54 CITY-ST-ZIP **TAMPA, FL 33637-1050**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE: Beverly Thurston **BEVERLY THURSTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 (813) 632-4500
Date Date/Time Phone #

CR2E034 (11/98)