

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 165.00

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED

Apr 29 1997 8:00am
Secretary of State

DOCUMENT #
1. Corporation Name

F94000005441

Security National Automotive Acceptance Corporation

Principal Place of Business

Mailing Address

6951 Cintas Blvd.
Mason, Oh 45040

Same

3. Date Incorporated or Qualified
10/19/94

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Same

26. Same

4. FEI Number
31-1270197

Applied For

Not Applicable

22. Suite, Apt. #, etc

27. Suite, Apt. #, etc

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION System
1200 South Pine Island Road
Plantation, Florida 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME THEODORE A. CATINO

12 NAME

STREET ADDRESS 6951 Cintas Blvd.

13 STREET ADDRESS

CITY-ST-ZIP MASON, Oh 45040

14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME BEVERLY A. CATINO

22 NAME

STREET ADDRESS 6951 Cintas Blvd.

23 STREET ADDRESS

CITY-ST-ZIP MASON, Oh 45040

24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME KENNETH J. SHARP

32 NAME

STREET ADDRESS 6951 Cintas Blvd

33 STREET ADDRESS

CITY-ST-ZIP MASON, Oh 45040

34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-ST-ZIP

44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

800002160868
-05/01/97--01002--012
***165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

(513) 459-8118

Date

Daytime Phone #

CR2E034 (12/95)