

# F95000006213

Ed Tribble  
 Florida Information Assoc. Inc.  
 Requestor's Name

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P. O. Box 11144  
 Address

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Tallahassee, FL 32302 878-0188  
 City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. First American Acceptance Corp. F95000006213  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**FILED**  
 98 NOV 30 PM 3:49  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Amendment                              |
| <input checked="" type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/>            | Change of Registered Agent             |
| <input type="checkbox"/>            | Dissolution/Withdrawal                 |
| <input type="checkbox"/>            | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

RECEIVED  
 98 NOV 25 PM 1:05

9-84998200008  
 -11/25/98--01052--010  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

|                     |                |
|---------------------|----------------|
| Examiner's Initials | <i>JL 12/1</i> |
|---------------------|----------------|



RECEIVED  
98 NOV 30 PM 1:28

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 30, 1998

ED TRIBBLE  
FLORIDA INFORMATION ASSOCIATES, INC.  
TALLAHASSEE, FL

SUBJECT: FLORIDA INFORMATION ASSOCIATES, INC.  
Ref. Number: J60988

We have received your document for FLORIDA INFORMATION ASSOCIATES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown  
Corporate Specialist

Letter Number: 098A00056621

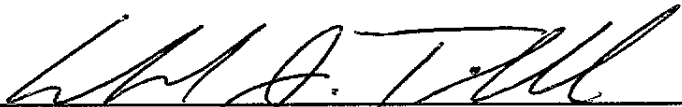
**RESIGNATION OF REGISTERED AGENT**

**FILED**  
98 NOV 30 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Florida Information Associates, Inc.  
(Name of registered agent)  
hereby resigns as Registered Agent for First American Acceptance Corp.  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
\_\_\_\_\_  
(Signature of resigning agent)  
EDWARD J. TRIBBLE

If signing on behalf of an entity:

Florida Information Associates, Inc.  
(Typed or Printed Name)  
  
\_\_\_\_\_  
Director  
(Capacity)

**Fee for filing this document:**

- \$87.50 - Active corporation
- \$35.00 - Administratively dissolved corporation

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**