


**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90057 028 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F97000001924</b> 1. Corporation Name <b>ACCEPTANCE LOAN COMPANY, INC.</b>					
Principal Place of Business <b>121 W CHURCH ST</b> <b>JACKSON AL 36545</b> <b>US</b>			Mailing Address <b>P. O. BOX 159</b> <b>JACKSON AL 36545</b> <b>US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/14/1997</b> 4. FEI Number <b>63-1131381</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>COSIMATO, MIKE</b> <b>4735 HWY 90</b> <b>OAK STATION SHOPPING CENTER</b> <b>MARIANNA FL 32446</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CEO	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGGINS, FRED L		1.2 NAME	PHILLIPS, R. TERRY	
STREET ADDRESS	121 W CHURCH ST		1.3 STREET ADDRESS	131 W FRONT ST	
CITY-ST-ZIP	JACKSON AL 36545		1.4 CITY-ST-ZIP	THOMASVILLE, AL 36784	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARLOW, DAN		2.2 NAME	NICHOLS, DON	
STREET ADDRESS	131 MAIN ST.		2.3 STREET ADDRESS	850 EDGEWOOD DR.	
CITY-ST-ZIP	GROVE HILL AL 36451		2.4 CITY-ST-ZIP	THOMASVILLE, AL 36784	
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BRUCE		3.2 NAME	BAXLEY, ED	
STREET ADDRESS	131 MAIN ST.		3.3 STREET ADDRESS	230 CACHE CIRCLE	
CITY-ST-ZIP	GROVE HILL AL 36451		3.4 CITY-ST-ZIP	CHICKASAW, AL 36611	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, WILLIAM D.		4.2 NAME	AYERS, JACKIE	
STREET ADDRESS	131 W FRONT ST		4.3 STREET ADDRESS	121 W. CHURCH ST.	
CITY-ST-ZIP	THOMASVILLE AL 36784		4.4 CITY-ST-ZIP	JACKSON, AL 36545	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAINWRIGHT, JACK		5.2 NAME	LEATHERS, BRIAN	
STREET ADDRESS	131 W FRONT ST		5.3 STREET ADDRESS	121 W. CHURCH ST.	
CITY-ST-ZIP	THOMASVILLE AL 36784		5.4 CITY-ST-ZIP	JACKSON, AL 36545	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	COSIMATO, Mike	
STREET ADDRESS			6.3 STREET ADDRESS	4735 HWY. 90 #80 OAK STATION CENTER	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MARIANNA, FL 32446	

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(334) 241-1513