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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G51454** (8)
1. Corporation Name
GULF STATES ACCEPTANCE CORPORATION



Principal Place of Business
**C/O THOMASINE BLACKMER
3711 CORTEZ RD. W. S. STE 300
BRADENTON FL 34210
US**

Mailing Address
**C/O THOMASINE BLACKMER
3711 CORTEZ RD W. STE 300
BRADENTON FL 34210-3108
US**

3. Date Incorporated or Qualified
07/26/1983

3a. Date of Last Report
04/30/1996

4. FEI Number
59-2308735

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent
**BLACKMER, THOMASINE
3711 CORTEZ ROAD W.
STE 300
BRADENTON FL 34210**

10. Name and Address of New Registered Agent

B1 Name
OLSON ANN M.

B2 Street Address (P.O. Box Number is Not Acceptable)
3711 CORTEZ RD. W.

B3 Suite 300

B4 City
BRADENTON

FL B5 Zip Code
34210

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 *Ann M. Olson* **ANN M. OLSON** **4/24/97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when re-instating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ST. JOHN, VALERIE A.	
STREET ADDRESS	3711 CORTEZ RD W.	
CITY - ST - ZIP	BRADENTON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLACKMER, THOMASINE	
STREET ADDRESS	3711 CORTEZ RD W.	
CITY - ST - ZIP	BRADENTON FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SOCHAR, MARK	
STREET ADDRESS	3711 CORTEZ RD W.	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OLSON, ANN M.	
1.3 STREET ADDRESS	3711 CORTEZ RD. W, STE 300	
1.4 CITY - ST - ZIP	BRADENTON FL 34210	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Ann M. Olson* **ANN M. OLSON** **4/24/97**

CR2E034 (9/96)