

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90100 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G92801

1. Corporation Name

FLORIDA FINANCE GROUP INC.

Principal Place of Business

5200 S. WASHINGTON AVE
TITUSVILLE FL 32780

Mailing Address

5200 S. WASHINGTON AVE
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1984

4. FEI Number

59-2384510

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DOWNING, ROBERT J JR
5200 S. WASHINGTON AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

Robert J. Downing

82 Street Address (P.O. Box Number is Not Acceptable)

5200 S. Washington Avenue

83

84 City

Titusville

FL

85 Zip Code
32780

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

Robert J. Downing

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	<input type="checkbox"/> DELETE
NAME	SMITH, GARY R.	
STREET ADDRESS	5200 S. WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIEBEL, DONNA L.	
STREET ADDRESS	5200 S. WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINSON, JAMES N JR	
STREET ADDRESS	5200 S. WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BONNANO, CHARLES	
STREET ADDRESS	5200 S. WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WARREN, ROBERT	
STREET ADDRESS	5200 S. WASHINGTON AVE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V/S
1.3 STREET ADDRESS	Downing, Robert J.
1.4 CITY-ST-ZIP	5200 S. Washington Avenue Titusville, FL 32780
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 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 #

CR2E034 (11/98)