

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90116 009 \*\*\*150.00

DOCUMENT # **H21071**

1. Corporation Name  
**FINCA, INC.**

Principal Place of Business  
**1216 SOUTH SCENIC HIGHWAY  
P O BOX 545  
FROSTPROOF FL 33843**

Mailing Address  
**1216 SOUTH SCENIC HIGHWAY  
P O BOX 545  
FROSTPROOF FL 33843**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/14/1984**

4. FEI Number

**59-2575517**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SULLIVAN, PAUL STEPHEN  
201 OLD AVON PARK RD.  
FROSTPROOF FL 33843**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, INEZ KING	
STREET ADDRESS	1216 S. SCENIC HIGHWAY	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SULLIVAN, PAUL STEPHEN	
STREET ADDRESS	201 OLD AVON PARK ROAD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KEISTER, NANCY SULLIVAN	
STREET ADDRESS	6826 MCGREEGAR ST	
CITY-ST-ZIP	WORTHINGTON OH 43085	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LITTLEFORD, ELAINE SULLIVA	
STREET ADDRESS	975 FINROD WAY	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, MARY RUTH SULL	
STREET ADDRESS	1 AIRPORT RD	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SULLIVAN, VICTORIA I.	
STREET ADDRESS	211 E. CELESTE	
CITY-ST-ZIP	NEW IBERIA LA	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33843
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33843
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	43085
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	32707
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33843
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	70562

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

941/635-4172

Daytime Phone #

CR2E034 (1/98)