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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-06-1999 90100 048 ***150.00

DOCUMENT # H40720

1. Corporation Name

LIBERTY FINANCE COMPANY

| Principal Place | e of Business | Mailing Address | | | | | | |
|---|--|---|--|---|--|-----------------|--|------------------------------|
| 5200 S. WASHINGTON AVE TITUSVILLE FL 32780 | | 5200 S. WASHINGTON AVE TITUSVILLE FL 32780 | | | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | | | | | STACE | |
| | | | | | 3. Date Incorporated or Qualif | eu | | |
| | | La sauto Addensi | | | 02/01/1985 4. FEI Number | | T An | plied For |
| 2. Principal Place of Business | | 2a. Mailing Address | | | | | | <u> </u> |
| 21 | | 26 | | | 59-2530982 | | | t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | | \$8.75 A | | |
| 22 | | 27 | | | | | • | |
| City & State | | City & State | | 6. Election Campaign Financin | Ja 🗆 | \$5.00 | | |
| 23 | | 28 | 0 | | Trust Fund Contribution | | Added t | o rees |
| Zip | Country | Zip | Country | / | 8. This corporation owes the o | current year In | tangible | □No |
| 24 | 25 | | 30 | | Personal Property Tax. | u Basistarad | | |
| | 9. Name and Address of Curren | it Registered Agent | 81 | T A1 | 10. Name and Address of Ne | w registered | Agent | |
| DOM | AUNC DORECT I | | 01 | Name | | | | |
| DOWNING, ROBERT J 5200 S WASHINGTON AVE | | | 82 | Street Ad | ddress (P.O. Box Number is Not Acce | ptable) | | |
| | | | | | | | | |
| 1110 | SVILLE FL 32780 | | 83 | i | | | | |
| | | | 84 | City | | | 85 Zip (| Code |
| | | | | | | FL | - ` | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the abov | e-named co | orporation submits this statement for | he purpose o | f changing its | registered |
| office or r | registered agent, or both, in the State of familiar with, and accept the obligations. | of Florida. Such change was au tions of, Section 607.0505, Flori | imorized by ida Statute: | the corpora s. | ation's board of directors. Thereby ac | cept the appo | municin as re | giatorou |
| | | | | | | | | |
| | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | nt and title if applicable. (NOTE: | Registered Age | nt signature req | uired when reinstating) | DATE | | |
| SIGNATURE | | ID DIRECTORS | Registered Age | nt signature req | uired when reinstating) ADDITIONS/CHANGES TO | | | |
| | | | | nt signature req | | | ND DIRECTO | DRS IN 12 |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | nt signature req | ADDITIONS/CHANGES TO V/S | OFFICERS A | | |
| 12. | OFFICERS AN PD SMITH, GARY R. | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME | nt signature req | ADDITIONS/CHANGES TO V/S Downing, Robert J | OFFICERS A | ☐ Change | |
| 12. TITLE NAME | OFFICERS AN PD SMITH, GARY R. | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME | ET ADDRESS | V/S Downing, Robert J. 5200 S. Washington | officers a | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AN PD SMITH, GARY R. 5200 S. WASHINGTON AVE | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | ET ADDRESS | ADDITIONS/CHANGES TO V/S Downing, Robert J | officers a | ☐ Change | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AN PD SMITH, GARY R. 5200 S. WASHINGTON AVE TITUSVILLE FL V | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 | ET ADDRESS | V/S Downing, Robert J. 5200 S. Washington | officers a | ☐ Change | Addition |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD SMITH, GARY R. 5200 S. WASHINGTON AVE TITUSVILLE FL V SIEBEL, DONNA L. | ID DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-3 2.1 TITLE 2.2 NAME | ET ADDRESS | V/S Downing, Robert J. 5200 S. Washington | officers a | ☐ Change | Addition |
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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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SISNING OFFICER OR DIRECTOR