

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90001 011 \*\*\*550.00

AMOUNT DUE ON OR BEFORE 08/03/99: \$550.00 (IF UNPAID, MINIMUM AMOUNT DUE TO REINSTATE: \$170).

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

DOCUMENT # J62334

1. Corporation Name

CREDIT CAR CORPORATION, INC.

Principal Place of Business

1302 EAST HILLSBOROUGH AVENUE  
TAMPA FL 33604

Mailing Address

1015 EAST HILLSBOROUGH AVE  
TAMPA FL 33604  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1987

4. FEI Number

65-0005149

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WEISBROD, DAVID T.  
601 EAST TWIGGS STREET  
TAMPA FL 33602

81 Name

Waunda F. Hagan

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

301 S. RIVERHILLS DRIVE

83

84 City

Temple Terrace

FL

85 Zip Code  
33617

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

Waunda F. Hagan

8/9/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, JOHN RONALD	1.2 NAME	
STREET ADDRESS	301 S. RIVERHILLS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, WAUNDA FAYE	2.2 NAME	
STREET ADDRESS	301 S. RIVERHILLS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/99 (813) 238-0453

Date

Daytime Phone #

CR2E034 (5/99)