SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

1	9	9	6	

DOCUMENT #

L96639

(4)

AUTO CREDIT, INC. OF FT. WALTON BEACH

Principal Place of Business Mailing Address 369 N BEAL PKWY 305 VAUGHIN ST FT. WALTON BEACH FL 32548 FT WALTON BEACH FL 32548								
US US		,,,,,	THALION GLAGITTE GEAG			3. Date Incorporated or Qualified 08/29/1990 3a. Date of Last Report 04/11/1995		
21 // 5	iace of Business E. E. BEAL PKU	26 کال	ailing Address				4. FEI Number Applied For 59-3025868 Not Applied For	
Suite, Apt		27	ite, Apt. #, etc				5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Stati	9 	28	ty & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees	
Zip 24	Country 25	29 29	9	30 Co.	intry		8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes	
	9. Name and Address of Curre	nt Registere	d Agent		81	Name	10. Name and Address of New Registered Agent	
BURRIS, WILL J 305 VAUGHN ST FT WALTON BEACH FL 32548					82	y	Address (PO. Box Number is Not Acceptable)	
						Sirect Ac	Address (P.O. Box Normber is No. Acceptable)	
					83	FT PEFFATURE P. MAGAA		
					84	City	FL 85 Zip Code	
SIGNATURE 12. TITLE	Milamiliar with, and accept the oblig Signature type to principal runs of registered at OFFICERS AI	ect and title fagg	on steel (N)		d Age	et signature ré	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME STREET ADDRESS CITY+ST-ZIP	BURRIS, WILL J 305 VAUGHN ST FT WALTON BEACH FL			140		ADDRESS 1 - ZIP		
TITLE NAME STREET ADDRESS	VICE PRES-S. MARY ALICE ! 305 VALIGHN FT. WALTON B	EC. Surris	DELETE	21 TI 22 N 23 S	ame Treet	ADDRESS	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	I II WALTON O	<i>енс</i> н,	DELETE	32 N 33 S	ITLE AME TREET	ST - ZIP ADDRESS ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS			DELETE	41TI 42M 43S	ITLE IAME TREET	ADDRESS	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	5 1 TI 5 2 N 5 3 S	ITEE AME TREET	ADDRESS	Change Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	61 TI 62 N 63 S	ITLE AME TREET	ADURESS I ZIP	Change Addit-on	
14. I do heret further ce made und	rtify that the information indicated or	n this annual for of the cor	report or supplent poration or the re-	furnished a nental anni deiver or tr	and dual nuste	does not que eport is tru e empowe	qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I true and accurate and that my signature shall have the same legal effect as if wered to execute this report as required by Chapter 617, Florida Statutes, and	

SIGNATURE:

OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

6-7-96 904-744-3558