


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

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90014 014 *****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P17022**

1. Corporation Name

STATE ACCEPTANCE CORPORATION

Principal Place of Business

**BYPASS ROAD
ASHLAND CITY TN 37015**

Mailing Address

**PO BOX 278
ASHLAND CITY TN 37015
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1987

4. FEI Number

62-1306767

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

84 City

FL

85 Zip Code

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	CD	<input type="checkbox"/> DELETE
NAME	LINDAHL, JOHN R.	
STREET ADDRESS	BYPASS ROAD	
CITY-ST-ZIP	ASHLAND CITY TN	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINDAHL, HERBERT W.	
STREET ADDRESS	BYPASS ROAD	
CITY-ST-ZIP	ASHLAND CITY TN	

TITLE	V	<input type="checkbox"/> DELETE
NAME	LANIER, JOSEPH V.	
STREET ADDRESS	BYPASS ROAD	
CITY-ST-ZIP	ASHLAND CITY TN	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	LALOR, MICHAEL	
STREET ADDRESS	BYPASS ROAD	
CITY-ST-ZIP	ASHLAND CITY TN	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LINDAHL, JOHN R.	
STREET ADDRESS	BYPASS ROAD	
CITY-ST-ZIP	ASHLAND CITY TN	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINDAHL, HERBERT W.	
STREET ADDRESS	BYPASS ROAD	
CITY-ST-ZIP	ASHLAND CITY TN	

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	

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

Michael Lator
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

800-365-3618