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

PROFIT CORPORATION **ANNUAL REPORT** 

1997

STREET ADDRESS

14. I do hereby certify that the information supplied information indicated on this annual report or s I am an officer or director of the corporatio appears in Block 12 or Block 13 if change

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

May 02 1997 8:00am

Secretary of State

DOCUMENT # P9400006297 (3)

FIRST AMERICAN FINANCE COMPANY OF OCALA, INC.

Principal Place of Business Mailing Address 1800 SW COLLEGE ROAD 1800 SW COLLEGE ROAD OCALA FL 34474 OCALA FL 34474-3022 3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1994 04/24/1996 4. FEI Number 2. Principal Place of Business 28. Mailing Address Applied For 59-3224138 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LINDELL, J. MICHAEL 233 EAST BAY ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 620 В3 JACKSONVILLE FL 32202 84 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: Regislered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. VIP. SEC JOHN TOSCH DELETE 1.1 TILLE Change -Addition TITLE REICKS, BRIAN D 12 NAME NAME 1800 SW COLLEGE RD **5891 PECAN ROAD** 1.3 STREET ADDRESS STREET ADDRESS OCALA FL OCALA, FL 34474 CITY-ST-ZIP 1.4 CHY-\$1-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2,4 CITY-S1-7(P DELETE ☐ Change Addition 3 1 TITLE TITLE NAME 3.2 NAME 3,3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 511ITLE 5.2 NAM8 NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 OffY-S1-ZIP CITY-ST-ZIP DELFTE Change Addition 6.1 TITLE TITLE NAME 62 NAME

6.4 CHY-ST-ZIP

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the conental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in other ment with an address.