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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000079197

1. Corporation Name

ST. PETE ACCEPTANCE CORP.

Distant Distant	a of Business	Mailing Address					
Principal Place	F .	<del>-</del>					
2500 34TH ST NO		2500 34TH ST NO	3				
ST PETERSBURG FL 33713		ST PETERSBURG FL 3371	J		DO NOT WRITE IN THIS	SPACE	
US .		US			3. Date Incorporated or Qualifed		
		عد این از بیکسامیس برا می				· · · ·	
	·				10/26/1994		plied For
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	-نساب	plied For
21		26			<u>59-3276473</u>	No	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75	
<b>–</b>	#, Cto.	27			5. Certifcate of Status Desired	Fee Re	equired
22	_ <del></del>	City & State		•	6. Election Campaign Financing	\$5.00	May Be
City & State	te '				_		to Fees
23	<u> </u>	28			Trust Fund Contribution		
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Ir	tangible	₽No
24	25	29	30		Personal Property Tax.	☐ Yes	MINO
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
<del></del>	5. Hallie dita Addition of Cartes.			81 Name	<del></del>		
Min in	TANA, RICHARD C JR			] ]			
				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	NATIONS ROAD						
WE8	3STER FL 33597			83	•		
				<u></u>	<u> </u>	06 71-	Code
				84 City	F!	85 Zip	Code ,
	*				poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	<u> </u>	intornal
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	E: Registere	d Agent signature requi	red when reinstating) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12
<del></del>	PDST	DELETE	1.1 T	TLE		Change	Addition
TRLE	1 · · ·	<u> </u>	1	IAME			
NAME	DOUGLAS, WILLIAM P						
STREET ADDRESS			1.3 S	TREET ADDRESS	•	_	
CITY-ST-ZIP	ST PETERSBURG FL 33713		1.40	CITY-ST-ZIP	*		C Addition
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NAME			1	NAME [	•		
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CITY-ST-ZIP	٠, ١, ١		5.3	STREET ADDRESS			
TITLE			1	CITY-ST-ZIP			
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1	Mrs. s.c. 1	☐ DELETE	5.4 6.1	CITY-ST-ZIP	<u> </u>	☐ Change	a
NAME		☐ DELETE	5.4 6.1	CITY-ST-ZIP	<u>.</u>	☐ Change	Additio
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NAME	year or in the	OELETE	5.4 6.1 6.2 6.3	CITY-ST-ZIP TITLE NAME	· · ·	☐ Change	a ∏ Additio

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

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BILLIAM DOUGUES 2/11/9

2000

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90089 014 \*\*\*150.00