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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000035784 (4)

ACCEPTANCE MORTGAGE CO., INC.

Principal Place of Business

Mailing Address

FILED Apr 21 1998 8:00am Secretary of State



3104 THOMA PANAMA CIT	AS DRIVE TY BEACH FL 32408	3104 THOMAS DRIVE PANAMA CITY BEACH US	1 FL 32408		DO NOT WRITE IN TH 3. Date Incorporated or Qualified 05/01/1995	IS SPACE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-3310715		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip 24	Country 25	Z(p 29	Countr 30	у	This corporation owes or has paid the Personal Property Tax due June 30.	X Yes	ar Intangible No
ļ	g, Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registers	ed Agent	
	YTAYA, KAE L.		•	IName			
3104 THOMAS DRIVE PANAMA CITY BEACH FL 32408			62		dress (P.O. Box Number is Not Acceptable)		
			83	l			
			84	City	F	B5	Zip Code
11. Pursuant office or r agent I a SIGNATURE	to the provisions of Sections 607.05 egistored agent, or both, in the Stat im familiar with, and accopt the oblig Signature, lysed or proted name of registered at				rporation submits this statement for the purpose ation's board of directors. I hereby accept the a unred when reinstating)		ing its registered nt as registered
12.		ND DIRECTORS	13.	, g. and . a loop	ADDITIONS/CHANGES TO OFFICERS A		CTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Ch	
NAME	antaya, kae l.		1.2 NAME				
STREET ADORESS	22108 SUNNYSIDE LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PANAMA CITY BCH FL	The ere	1.4 CITY-	ST-ZIP			
THLE	ST Paramore, dana m.	☐ DELETE	2.1 TITLE			Cha	ange
NAME STREET ADDRESS	3610 W O'HENRY DR		2.2 NAME 2.3 STREE	T ADDRESS			
CITY-ST-ZIP	PANAMA CITY BCH FL		2.3 STREE				
TITLE		DELETE	3.1 TITLE	4, 5,		Cha	ange Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		DELETE	4.1 TITLE			☐ Chá	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CRTY- 5.1 TITLE	ST-ZIP		Cha	ange Addition
NAME		- Julia	5.2 NAME	1		O.K	- Carlon
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.5 STREE	-			
TITLE		DELETE	61 TITLE	-		Cha	inge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-7IP			64 CITY-				

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

an M. Heranore

4/14/98 (850)230-0181

R2E034 (10/97)