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Apr 16, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000035784

1. Corporation Name
ACCEPTANCE MORTGAGE CO., INC.

Principal Place of Business
3104 THOMAS DRIVE
PANAMA CITY BEACH FL 32408
US

Mailing Address
3104 THOMAS DRIVE
PANAMA CITY BEACH FL 32408
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **3102 Thomas DR**

Suite, Apt. #, etc.

22 **L**

City & State

23 **PANAMA City Bch FL**

Zip

24 **32408**

Country

25 **US**

2a. Mailing Address

26 **3102 Thomas Dr**

Suite, Apt. #, etc.

27 **PANAMA City Bch, FL**

City & State

28 **PANAMA City Bch, FL**

Zip

29 **32408**

Country

30 **US**

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

59-3310715

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

9. Name and Address of Current Registered Agent

ANTAYA, KAE L.
3104 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

10. Name and Address of New Registered Agent

81 Name **Charlotte A Collins**
82 Street Address (P.O. Box Number is Not Acceptable)
3102 Thomas Dr
83
84 City **Panama City Beach FL** 85 Zip Code **32408**

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 **Charlotte Collins** **CHARLOTTE COLLINS PRESIDENT** **4/14/99**
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 **P** ☒ DELETE
NAME **ANTAYA, KAE L.**
STREET ADDRESS **22106 SUNNYSIDE LANE**
CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE **ST** ☒ DELETE
NAME **PARAMORE, DANA M.**
STREET ADDRESS **3610 W O'HENRY DR**
CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Charlotte A Collins**
1.3 STREET ADDRESS **504 PETREL ST**
1.4 CITY-ST-ZIP **Panama City Bch, FL 32413**

2.1 TITLE **S/T** ☒ Change ☐ Addition
2.2 NAME **Karen L Dalton**
2.3 STREET ADDRESS **311 Petrel St**
2.4 CITY-ST-ZIP **Panama City Beach FL 32413**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: **Charlotte Collins** **CHARLOTTE COLLINS** **4/14/99** **850 230 0181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)