

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053429 (3)

1. Corporation Name

ACE TITLE LOAN, INC.



Principal Place of Business

Mailing Address

~~309 MAR WALT DRIVE STE 1014~~
~~PORT WALTON BEACH FL 32547~~

~~309 MAR WALT DRIVE STE 1014~~
~~PORT WALTON BEACH FL 32547~~

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report
NOT APPLICABLE

2. Principal Place of Business
21 **1089 N. NAVY BLVD.**

2a. Mailing Address
26 **1089 N. NAVY BLVD.**

4. FEI Number
59-3327927

Applied For
Not Applicable

22 **PENSACOLA, FL**

Suite, Apt. #, etc.

27 **PENSACOLA, FL**

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 **PENSACOLA, FLORIDA**

28 **PENSACOLA, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32507** 25 **U.S.A.**

29 **32507** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FOSTER, WILLIAM S~~
~~309 MAR WALT DRIVE STE 1014~~
~~PORT WALTON BEACH FL 32547~~

81 Name **J. REAGAN REEVES**

82 Street Address (P.O. Box Number is Not Acceptable)
1089 N. NAVY BLVD.

83

84 City **PENSACOLA** FL 85 Zip Code **32507**

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 *J. Reagan Reeves*
Signature, typed or printed name of registered agent and title if applicable

J. REAGAN REEVES
(NOTE: Registered Agent signature required when reinstating)

2/28/96
(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **GALEY, JOHN N**
STREET ADDRESS **POST OFFICE BOX 5470**
CITY - ST - ZIP **DESTIN FL 32540**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

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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 **C/P/T/D** ☐ Change ☒ Addition
1.2 NAME **JOHN N. GALEY**
1.3 STREET ADDRESS **POST OFFICE BOX 5470**
1.4 CITY - ST - ZIP **DESTIN, FLORIDA 32540**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John N. Galey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN N. GALEY **2/28/96** **904 456-8899**
(DATE) (DAYTIME PHONE #)

CR2E034 (12/95)