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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90026 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081087

1. Corporation Name
ACME FINANCE, INC.

Principal Place of Business

12995 S. CLEVELAND AVE
SUITE 219
FORT MYERS FL 33907

Mailing Address

12995 S. CLEVELAND AVE
SUITE 219
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1995

4. FEI Number

65-0624333

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

2. Principal Place of Business

21 **12995 S. CLEVELAND AVE**

Suite, Apt. #, etc.

22 **SUITE 219**

City & State

23 **FORT MYERS, FL**

Zip Country

24 **33907** 25 **US**

2a. Mailing Address

26 **12995 S. CLEVELAND AVE**

Suite, Apt. #, etc.

27 **SUITE 219**

City & State

28 **FORT MYERS, FL**

Zip Country

29 **33907** 30 **US**

9. Name and Address of Current Registered Agent

LEFFINGWELL, THOMAS W
12995 S. CLEVELAND AVE
SUITE 219
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
LEFFINGWELL, THOMAS W.
82 Street Address (P.O. Box Number is Not Acceptable)
12995 S. CLEVELAND AVE
83 **SUITE 219**
84 City
FORT MYERS FL 85 Zip Code
33907

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

THOMAS W. LEFFINGWELL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P LEFFINGWELL, THOMAS W
STREET ADDRESS
12995 S. CLEVELAND AVE
CITY-ST-ZIP
FORT MYERS FL 33907

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)