

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90263 048 \*\*\*150.00

**DOCUMENT # P96000066300**

1. Entity Name  
**WARRANTY ACCEPTANCE CORPORATION**



Principal Place of Business  
**4400 GOVERNMENT BOULEVARD  
MOBILE, AL 36693**

Mailing Address  
**4400 GOVERNMENT BOULEVARD  
MOBILE, AL 36693**

**44026103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**63-1180065**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, TRAVIS L  
106 EAST COLLEGE AVENUE  
SUITE 1200  
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPST ☐ Delete  
NAME: MYERS, LARRY T  
STREET ADDRESS: 4400 GOVERNMENT BLVD  
CITY-ST-ZIP: MOBILE, AL 36693

TITLE: President ☒ Change ☐ Addition  
NAME: J. Claude Thompson  
STREET ADDRESS: Same  
CITY-ST-ZIP: Same

TITLE: V ☐ Delete  
NAME: THOMPSON, J. CLAUDE  
STREET ADDRESS: 4400 GOVERNMENT BLVD  
CITY-ST-ZIP: MOBILE, AL 36693

TITLE: Vice-President ☒ Change ☐ Addition  
NAME: Jay Myers  
STREET ADDRESS: Same  
CITY-ST-ZIP: Same

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: Secretary ☒ Change ☐ Addition  
NAME: Douglas A. Baymiller  
STREET ADDRESS: 4400 Government Blvd  
CITY-ST-ZIP: Mobile, AL 36693

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: Treasurer ☐ Change ☐ Addition  
NAME: Pamela Blakeney  
STREET ADDRESS: 4400 Government Blvd  
CITY-ST-ZIP: Mobile, AL 36693

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. Claude Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Claude Thompson

Date

04/08/04

(251) 660-1901

Daytime Phone #