

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

FILED

98 MAR 23 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000074853 (8)

1. Corporation Name
AUTO-MONEY, INC.



Principal Place of Business
13312 W COLONIAL DR
SUITE 1
WINTER GARDEN FL 34787
US

Mailing Address
13312 W COLONIAL DR
SUITE 1
WINTER GARDEN FL 34787
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/10/1996

4. FEI Number

59-3401439

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEMP, E. DAVID
609 N. HYER AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
F&L CORP.

82 Street Address (P.O. Box Number is Not Acceptable)
THE GREENLEAF BUILDING

83 200 LAURA STREET, 3RD FLOOR

84 JACKSONVILLE

FL

85 32202-3527

11. Pursuant to the provisions of Sections 607.012 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 607.1505, Florida Statutes.

SIGNATURE

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 NAME ☐ DELETE

NAME DILLARD, BEN H. III
STREET ADDRESS 11947 LK BUTLER BV
CITY-ST-ZIP WINDERMERE FL

TITLE NAME ☐ DELETE

NAME DILLARD, BEN H. III
STREET ADDRESS 11947 LK BUTLER BV
CITY-ST-ZIP WINDERMERE FL

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN ☐ Change ☒ Addition

1.2 NAME BEN DILLARD, JR
1.3 STREET ADDRESS 3735 MCKINNON RD
1.4 CITY-ST-ZIP WINDERMERE, FL 34786

2.1 TITLE TREASURER ☐ Change ☒ Addition

2.2 NAME LAURIE DILLARD
2.3 STREET ADDRESS 3735 MCKINNON RD
2.4 CITY-ST-ZIP WINDERMERE, FL 34786

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
300002468663 003 3
03/26/98 - 01/01/99
***150.00 ***150.00

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
6.3-23-98

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.

SIGNATURE

1-28-98 4076413000

CR2E034 (10/97)