

0486330

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

DOCUMENT # P97000012308

1. Corporation Name

SPLIT SECOND TITLE LOANS, INC.

FILED

99 JAN 11 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

507 SW 10TH ST  
OCALA FL 34474

Mailing Address

507 SW 10TH ST  
OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3425151

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 444 SW 8th ST

Suite, Apt. #, etc.

22 Suite C

City &amp; State

23 Ocala, FL

Zip

24 34474

Country

25 USA

2a. Mailing Address

26 444 SW 8th ST

Suite, Apt. #, etc.

27 Suite C

City &amp; State

28 Ocala, FL 34

Zip

29 34474

Country

30 USA

9. Name and Address of Current Registered Agent

SINGLETON, RONALD S  
507 SW 10TH ST  
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

Bradley E. Richell

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

1699 SW 80th ST

83

84 City

Ocala

FL

85 Zip Code

34476

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

Bradley E. Richell

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

(NOTE: Registered Agent signature required when reinstalling)

1-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SINGLETON, RONALD

STREET ADDRESS 513 SE 18TH ST

CITY-ST-ZIP Ocala FL 34474

TITLE VP ☒ DELETE

NAME HOVELAND, RICHARD

STREET ADDRESS P O BOX 30011 N/A

CITY-ST-ZIP PENSACOLA FL 32503

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 S T ☒ Change ☐ Addition

1.2 NAME Bradley E. Richell

1.3 STREET ADDRESS 1699 SW 80th ST

1.4 CITY-ST-ZIP Ocala, FL 34474

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 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:

Bradley E. Richell

1-9-99

352-237-2693

CR2E034 (11/98)