

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90093 004 \*\*\*150.00

**DOCUMENT # P97000076218**

1. Corporation Name

**ALL AMERICAN ACCEPTANCE CORPORATION**

Principal Place of Business

101 SUNNYTOWN RD. STE. 300  
CASSELBERRY FL 32707

Mailing Address

101 SUNNYTOWN RD. STE. 300  
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3467658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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 Suite, Apt. #, etc. **Suite 310**

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc. **Suite 310**

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SCOTT, CHARLES P**  
101 SUNNYTOWN RD. STE. 300  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name **Whittle, Bradley E.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**101 Sunnytown Rd, Ste. 310**  
83  
84 City **Casselberry** FL 85 Zip Code **32707**

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

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	D	<input type="checkbox"/> DELETE
NAME	SCOTT, CHARLES P	
STREET ADDRESS	1651 APACHE TR.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, GLORIA M	
STREET ADDRESS	1651 APACHE TR.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIMBEL, KENNETH D	
STREET ADDRESS	350-106 GOLF BROOK CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, CHARLES P	
STREET ADDRESS	101 SUNNYTOWN RD #201	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VPST	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, GLORIA M	
STREET ADDRESS	101 SUNNYTOWN RD #201	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D/C John D. Thedford</b>
1.3 STREET ADDRESS	<b>9221 Wickham Way</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL 32837</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D/P Gimbel, Kenneth D</b>
3.3 STREET ADDRESS	<b>276 Spring Run Circle</b>
3.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D/P/3/7 Bradley E. Whittle</b>
4.3 STREET ADDRESS	<b>669 Smokerise Blvd</b>
4.4 CITY-ST-ZIP	<b>Longwood, FL 32779</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**B/E Whittle V.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-99**

Date

Daytime Phone #

**407-339-0064**

CR2E034 (11/98)