

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90033 022 ***150.00

DOCUMENT # P97000098787

1. Corporation Name

CAR MART AUTO FINANCE, INC.

Principal Place of Business

**6021 STATE RD. 60 E.
PLANT CITY FL 33567**

Mailing Address

**6021 STATE RD. 60 E.
PLANT CITY FL 33567**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

59-3475937

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 3333 STEINBECK PLACE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 5032
Suite, Apt. #, etc.

City & State

23 PLANT CITY, FL

City & State

28 PLANT CITY, FL

Zip Country

24 33567 25 USA

Zip Country

29 33564-5032 30 USA

9. Name and Address of Current Registered Agent

**ORR, RAYMOND L
6021 STATE RD. 60 E.
PLANT CITY FL 33567**

10. Name and Address of New Registered Agent

81 Name

RAYMOND L. ORR

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

3333 STEINBECK PLACE

83

84 City

PLANT CITY

85 Zip Code

FL 33567

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 **RAYMOND L. ORR, PRES.**

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

(NOTE: Registered Agent signature required when reinstating)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
ORR, RAYMOND L
3333 STEINBECK PLACE
PLANT CITY FL 33567**

TITLE ☐ DELETE

**VP
ORR, L. JOANN
3333 STEINBECK PLACE
PLANT CITY FL 33567**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

L. JOANN ORR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

(813) 737-9393

Daytime Phone #

CR2E034 (1/98)