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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S63299** **(9)**

1. Corporation Name
AUTO CREDIT INVESTMENTS, INC.

Principal Place of Business	Mailing Address
701 FISK STREET SUITE 310 JACKSONVILLE FL 32210	701 FISK STREET SUITE 310 JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1991

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3072899 ☐ 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**

LAWRENCE M. MATHENY JR & PAMELA L. WIKER
701 FISK STREET
2ND FLOOR
JACKSONVILLE FL 32204

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	HERZOG, GERALD W		1.2 NAME	Smith, George E.	
STREET ADDRESS	701 FISK STREET		1.3 STREET ADDRESS	4819 San Juan Ave.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	V	☑ DELETE	2.1 TITLE	S/T	☐ Change ☑ Addition
NAME	WIMBERLY, GLYNN		2.2 NAME	Kane, William H	
STREET ADDRESS	4819 SAN JUAN AVE		2.3 STREET ADDRESS	701 Fisk St., Suite 200	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	STD	☐ DELETE	3.1 TITLE	C/D	☑ Change ☐ Addition
NAME	MATHENY, LAWRENCE M		3.2 NAME	Matheny, Lawrence M. Jr.	
STREET ADDRESS	701 FISK STREET		3.3 STREET ADDRESS	701 Fisk St., Suite 200	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	CD	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	GRAHAM, HENRY H JR		4.2 NAME	Graham, Henry H. Jr.	
STREET ADDRESS	1725 MEMORIAL PARK DR		4.3 STREET ADDRESS	701 Fisk St., Suite 310	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ Henry H. Graham Jr. 4-6-98 (904)354-3200