

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

DOCUMENT # S71806

1. Corporation Name

CAR CIRCUS RENT TO OWN, INC.

Principal Place of Business

711 N PARROTT AVE
OKEECHOBEE FL 34972

Mailing Address

711 N PARROTT AVE
OKEECHOBEE FL 34972

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90158 005 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1991

4. FEI Number

65-0301201

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 203 S. Parrott Ave

27 203 S. Parrott Ave.

City & State

City & State

23 Okeechobee FL

28 Okeechobee FL

Zip Country

Zip Country

24 34972

29 34972

30

9. Name and Address of Current Registered Agent

HILDERBRAND, JOANIE
711 N PARROTT AVE
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name JAMES P. HILDERBRAND

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

83 203 S. Parrott Ave.

84 City Okeechobee FL 85 Zip Code 34972

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HILDERBRAND, JOANIE
STREET ADDRESS 711 N PARROTT AVE
CITY-ST-ZIP OKEECHOBEE FL

☒ DELETE

TITLE VP
NAME HILDERBRAND, JAMES P
STREET ADDRESS 711 N PARROTT AVE
CITY-ST-ZIP OKEECHOBEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

JAMES P. HILDERBRAND
203 S. Parrott Ave.
Okeechobee FL 34972

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-99 941-467-7888

CR2E034 (11/98)