

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT



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

1995 8-10-95 8-8209 C

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V59618 (1)

1. Corporation Name
SUTHERLIN BUY HERE-PAY HERE, INC.

Principal Place of Business: 12738 N. FLORIDA AVE. TAMPA FL 33612 US
Mailing Address: PO BOX 280219 TAMPA FL 33682-0219 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1992
3a. Date of Last Report: 03/01/1994

4. FEI Number: 59-3135766
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 has liability for intangible tax under s. 199.03(2), Florida Statutes: Yes No

2. Principal Place of Business: 21 302 W. Fletcher Ave
Suite, Apt. #, etc.:

22 City & State: 27 Tampa FL

24 Zip: 23 33612
25 Country: 29 US

9. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM R
200 LAURA ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P.
NAME	SUTHERLIN, KAREN B
STREET ADDRESS	302 W FLETCHER AVE
CITY - ST - ZIP	TAMPA FL
TITLE	VPT
NAME	SUTHERLIN, STEPHEN M
STREET ADDRESS	921 MASTERS LANE
CITY - ST - ZIP	BIRMINGHAM AL
TITLE	S
NAME	HUGHES, BETTY
STREET ADDRESS	1018 BLANN DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	Vice President/Treasurer/Secretary
NAME	Thomas E. Henry
STREET ADDRESS	5009 W. Evelyn Dr.
CITY - ST - ZIP	Tampa, FL 33609
TITLE	Assistant Secretary
NAME	Cindy Hesterman
STREET ADDRESS	1006 Sunny Dr
CITY - ST - ZIP	Tampa, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	Delete
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Cindy Hesterman Cindy Hesterman 8/9/95 (813)-933-6691
SIGNATURE AND (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Date (Time) Phone #

CR2E034 (3/95)