

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V59618 (1)**  
1. Corporation Name

**SUTHERLIN BUY HERE-PAY HERE, INC.**



Principal Place of Business: **302 W. FLETCHER AVE TAMPA FL 33612 US**  
Mailing Address: **PO BOX 280219 TAMPA FL 33682-0219 US**

3. Date Incorporated or Qualified: **08/19/1992**  
3a. Date of Last Report: **08/10/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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. 199.032, Florida Statutes:  Yes  No

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: **THOMAS E. HENRY**  
82 Street Address (P.O. Box Number is Not Acceptable): ~~5009 W. EVELYN DRIVE~~  
83 **302 WEST FLETCHER**  
84 City: **TAMPA FL** 85 Zip Code: **33602**

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

*Thomas E. Henry*  
Signature, typed or printed name of registered agent and the date

(NOTE: Registered Agent Signature required when new/changed)

**1/26/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTHERLIN, KAREN B</b>	
STREET ADDRESS	<b>302 W FLETCHER AVE</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTHERLIN, STEPHEN M</b>	
STREET ADDRESS	<b>921 MASTERS LANE</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL</b>	
TITLE	<b>VPTS</b>	<input type="checkbox"/> DELETE
NAME	<b>HENRY, THOMAS E.</b>	
STREET ADDRESS	<b>5009 W. EVELYN DRIVE</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>HITEMAN, CINDY</b>	
STREET ADDRESS	<b>1006 SAMY DR</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Thomas E. Henry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/26/96**  
Date

**813-933-6641**  
Display Phone #

CR2E034 (12/95)