## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

302 W. FLETCHER AVE

V59618

(1)

Mailing Address

PO BOX 280219

SUTHERLIN BUY HERE-PAY HERE, INC.

2.00	DO NOT WRITE	IN THIS	SPACE	
	ate Incorporated or Qualified 8/19/1992			
	Number			Applied For
	59-3135766			Not Applicable
<b>5</b> . Ce	ertificate of Status Desired		\$8.75 Additional Fee Required	
1 -	ection Campaign Financing ust Fund Contribution		\$5.00 May Be Added to Fees	
1	is corporation owes or has pa rsonal Property Tax due June		irrent year X Yes	Intangible  No
10. No	me and Address of New Re	gistered	Agent	

- 1 1861 1 1864 1 1846 1 1846 1 1846 1 1864 1 1864 1 1864 1 1864 1 1864 1 1864 1 1864 1 1864 1 1864 1 1864 1 1

**FILED** 

May 06 1998 8:00am

Secretary of State

TAMPA FL 33612 TAMPA FL 33682-0219 2. Principal Place of Business 2a. Mailing Address 26 Suite. Apt. #. etc. Suite, Apt. #, etc. 22 City & State City & State 23 28 Zip Zφ Country Country 24 25 29 30 9. Name and Address of Current Registered Agent Name THOMAS E. HENRY 302 WEST FLETCHER 82 Street Add **TAMPA FL 33612** 83 Zip Code 3aao a 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 SIGNATURE (NOTE: Rog stered Agent signature repulred when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1 1 TODE SUTHERLIN, KAREN B NAME 1.2 NAME 302 W FLETCHER AVE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE **VPT** 21 TITLE SUTHERLIN, STEPHEN M 2.2 NAME STREET ADDRESS 921 MASTERS LANE 2.3 STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL 2.4 CITY-ST-ZIP DELETE TITLE **VPTS** 3.1 TITLE Change Addition HENRY, THOMAS E. NAME 3.2 NAME 5009 W. EVELYN DRIVE STREET ADDRESS 3.3 STREET ADDRESS tampa fl CITY-\$T-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE AS 4.1 TITLE HITEMAN, CINDY NAME 4. 2 NAME 1006 SAMY DR STREET ADDRESS 4.3 STREE! ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY - \$1 - 7/P DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 of 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 in an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

31 24 7