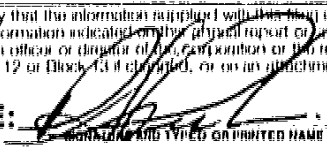


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 95 APR 17 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # V60621 (2) 1. Corporation Name FIRST AUTO CREDIT CORPORATION				
Principal Place of Business 8849 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		Mailing Address 8849 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/26/1992
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 04/22/1994
City & State 23		City & State 28		4. FEI Number 59-3138400
Zip 24		Country 25	Zip 29	Country 30
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 § 199.032, Florida Statutes ☐ Yes ☐ No				
9. Name and Address of Current Registered Agent HULL, STEPHEN L. 8849 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211			10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE				
12. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HULL, STEPHEN 8849 ARLINGTON EXPWY JACKSONVILLE FL	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PERKINS, PIERRE 8849 ARLINGTON EXPWY JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OVERTON, TOM 8849 ARLINGTON EXPWY JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition	
14. I do hereby certify that the information supplied with this report 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 physical 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:  P.E. PERKINS 4/19/95 204-121-1220 (Typed Name)				