2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K17832

Entity Name: AUTO CREDIT OF FLORIDA, INC.

Current Principal Place of Business:

701 RIVERSIDE PARK PLACE

SUITE 200

JACKSONVILLE, FL 32204

Current Mailing Address:

701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204 US

FEI Number: 59-2877915 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACKMAN, JOANNE A 701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PD Title EVP

Name WIMBERLY, R. GLYNN Name LANE, RUSSELL T

Address 701 RIVERSIDE PARK PLACE, SUITE Address 701 RIVERSIDE PARK PLACE, SUITE

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32204

Title STD Title D

Name CURRY, JEFFERY S Name GRAHAM, HAMPTON H

Address 701 RIVERSIDE PARK PLACE, SUITE Address 701 RIVERSIDE PARK PLACE, SUITE

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32204

Title D Title D

Name GRAHAM, ALEXANDER M Name HODGES, DAVID CJR

Address 701 RIVERSIDE PARK PLACE, SUITE Address 701 RIVERSIDE PARK PLACE, SUITE

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32204

FILED Jan 24, 2013

Secretary of State

CC8207742373

Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.