

1.) CORPORATION NAME:

**Auto Credit of Florida, Inc.**

DUE DATE: **6/30/2011**

SCC ID NO: **F1633306**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 RIVERSIDE PARK PLACE  
SUITE 310

CITY/ST/ZIP: JACKSONVILLE, FL 32204-3342

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER       DIRECTOR

NAME: R GLYNN WIMBERLY  
TITLE: PRESIDENT  
ADDRESS: 701 RIVERSIDE PARK PLACE  
STE 200  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER       DIRECTOR

NAME: RUSSELL T. LANE  
TITLE: VICE PRESIDENT  
ADDRESS: 701 RIVERSIDE PARK PLACE  
SUITE 200  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER       DIRECTOR

NAME: BRIAN W. LYNSKEY  
TITLE: VICE PRESIDENT  
ADDRESS: 701 RIVERSIDE PARK PLACE  
SUITE 200  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

OFFICER       DIRECTOR

NAME: JEFFERY S CURRY  
TITLE: SECRETARY  
ADDRESS: 701 RIVERSIDE PARK PLACE  
SUITE 310  
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-

NAME: JEFFREY S CURRY TITLE: TREASURER ADDRESS: 701 RIVERSIDE PARK PLACE SUITE 310 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ALEXANDER M. GRAHAM TITLE: DIRECTOR ADDRESS: 701 RIVERSIDE PARK PLACE SUITE 310 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: HAMPTON H. GRAHAM TITLE: DIRECTOR ADDRESS: 701 RIVERSIDE PARK PLACE SUITE 310 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID C HODGES JR TITLE: DIRECTOR ADDRESS: 701 RIVERSIDE PARK PLACE SUITE 310 CITY/ST/ZIP/CO: JACKSONVILLE, FL 32204-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JEFFERY S CURRY	JEFFERY S CURRY, SECRETARY	5/4/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		