FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:29

DOCUMENT # F93000005613 (5)

1. Corporation Name
FIRST SOUTHERN MORTGAGE CORP. OF TENNESSEE

Principal Place of Business	Mailing Address
1016 WEISGARBER RD. SUITE 209 KNOXVILLE TN 37909	1016 WEISGARBER RD. SUITE 209 KNOXVILLE TN 37909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business
21 813 Northshore Drive
Suite, Apt. #, etc.
22 Suite 201
City & State
23 Knoxville, Tennessee
Zip 24 37919 Country 25 USA

2a. Mailing Address
26 813 Northshore Drive
Suite, Apt. #, etc.
27 Suite 201
City & State
28 Knoxville, Tennessee
Zip 29 37919 Country 30 USA

4. FEI Number: 62-1219308 ☐ 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

EVANS, JOHN H ESQ
1702 S. WASHINGTON AVE.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	11 TITLE	☐ Change ☐ Addition
NAME	REED, JOSEPH W	12 NAME	
STREET ADDRESS	809 CRESWELL CT.	13 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37919	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, GARY	22 NAME	
STREET ADDRESS	4315 HIAWATHA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37919	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 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: R. Gary Higgins 1/31/95 615-584-2300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE TELEPHONE NUMBER
R. by Higgins

0470760 FP