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

APPROVED AND FILED
95 APR -7 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H40398** **(0)**

1. Corporation Name
AMERIFIRST CAPITAL CORPORATION

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVENUE 1100 ATLANTA GA 30303	245 PEACHTREE CENTER AVENUE 1100 ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/30/1985**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) (29) (30)

4. FEI Number: **59-2500381** ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTAION FL 33324

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

500001452085
-04710/95--01046--010
****208.75 ****208.75

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	DST	11 TITLE	D/S ☑ Change ☐ Addition
NAME	STRICKLAND, EDO M.	12 NAME	J. Michael Bourgainier
STREET ADDRESS	245 PEACHTREE CENTER AVENUE, SUITE 1100	13 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA 30303	14 CITY-ST-ZIP	Atlanta GA 30303
TITLE	D	21 TITLE	D/VP/AS ☐ Change ☐ Addition
NAME	CORRIGAN, RICHARD	22 NAME	Richard Corrigan
STREET ADDRESS	245 PEACHTREE CENTER AVENUE, SUITE 1100	23 STREET ADDRESS	245 Peachtree Center Ave Ste. 1100
CITY-ST-ZIP	ATLANTA GA 30303	24 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE	DP	31 TITLE	D/P ☐ Change ☐ Addition
NAME	DAVIS, JOSEPH M	32 NAME	Joseph M. David
STREET ADDRESS	245 PEACHTREE CENTER AVENUE, SUITE 1100	33 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA 30303	34 CITY-ST-ZIP	Atlanta GA. 30303
TITLE	DV	41 TITLE	D/VP/AS ☐ Change ☐ Addition
NAME	MILTON, SANDRA L	42 NAME	Sandra L. Milton
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100	43 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA 30303	44 CITY-ST-ZIP	Atlanta GA. 30303
TITLE	DV	51 TITLE	VP/AS (officer only) ☑ Change ☑ Addition
NAME	MCQUEEN, JOHN M	52 NAME	Faye C. Mcqueen
STREET ADDRESS	245 PEACHTREE CENTER AVE #1100	53 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY-ST-ZIP	ATLANTA GA 30303	54 CITY-ST-ZIP	Atlanta, GA. 30303
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

4-7-95 MST

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)(k), 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: Joseph M. David 4/4/95 (404)230-6586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Joseph M. David, President

0008008 CP