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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000065549**1. Corporation Name

SUNBELT CREDIT CORPORATION OF FLORIDA

						#110 #1101 #1101 #111E	# 1 # 1 # 1 1 # 1 1 # 1 1 # 1 # 1 # 1 #	
Principal Place of Business Mailing Address								
204 EAST MAIN STREET POST OFFICE BOX 811								
SPARTANBURG SC 29906		SPARTANBURG SC 29304			DO NOT WRITE IN THIS SPACE			
					}	3. Date Incorporated or Qualifed	1110 01 7102	
						08/06/1996		
	- A Business	a Mailing Address				4. FEI Number	Ι Δε	plied For
··· ·	ace of Business	2a. Mailing Address			İ	57-1055328	<u> </u>	t Applicable
21		26				57-1000020		Additional
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Re	
22		27 City 8 City						
City & State	9	City & State				6. Election Campaign Financing	Added	May Be
23		Zip Country				Trust Fund Contribution		IO Fees
Zip	Country	Zip	Counti 1	гу		8. This corporation owes the current year	r intangible ☐ Yes	□No
24	25	29 30	L			Personal Property Tax.		DIVO
Name and Address of Current Registered Agent				1	Name	10. Name and Address of New Register	rea Agent	
C T CORPORATION SYSTEM				`"	Name			
1200 SOUTH PINE ISLAND ROAD			8:	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
				\perp				
PLANTATION FL 33324			83					
			8	4	City		85 Zip	Code
					•		FL	
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.								
_	III laminar with, and accept the conga	10110 07, 0001011 001 10000, 1 1011						
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	istered Ag	jent s	signature required v	when reinstating) DAT	É	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	D DELETE 1.1 T		1.1 TITLE	=			Change	☐ Addition
NAME	BIGGS, A R		12 NAME	E				
STREET ADDRESS 204 EAST MAIN STREET			1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP SPARTANBURG SC 29306			1.4 CITY-ST-ZIP		ZIP			
TITLE	D DELETE		2.1 TITLE				Change	Addition
NAME			2.2 NAME	E				
STREET ADDRESS	COA TAOT MAIN OTOFFT		2.3 STRE		ADDRESS			
l i			2.4 CITY-ST-ZIP					Í
CITY-ST-ZIP			3.1 TITLE	_	- 211"		☐ Change	Addition
			3.2 NAME				_ •	_
NAME								ļ
STREET ADDRESS	204 EAST MAIN STREET				ADDRESS			Ì
CITY-ST-ZIP			3.4. CITY		-ZIP		Change	Addition
TITLE		□ OFFEIF	4.1 TITLE				[_] Criange	
NAME			4, 2 NAM					
STREET ADDRESS	ESS 4.3		4.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			4.4 CITY-	.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME	5.		5.2 NAME					
STREET ADDRESS	ADDRESS		5.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	CITY-ST-ZIP5.4.C			-ST-	ZIP			
TITLE	DELETE 6.1		6.1 TITLE	=			Change	Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #