

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 390762 (3)

1. Corporation Name

FLEET FINANCE & MORTGAGE, INC.



Principal Place of Business

Mailing Address

30 PERIMETER PARK, SUITE 201
ATLANTA GA 30341

211 PERIMETER CENTER PKWY
SUITE 800
ATLANTA GA 30346
US

3. Date Incorporated or Qualified

11/03/1971

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

58-1115845

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature (Type the printed name of registered agent and the date signed)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE
NAME POELKER, JOHN S
STREET ADDRESS 211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP ATLANTA GA

TITLE VD ☒ DELETE
NAME IRELAND, KATHLEEN. M
STREET ADDRESS 211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP ATLANTA GA

TITLE V ☐ DELETE
NAME COVINGTON, P. EMERY
STREET ADDRESS 211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP ATLANTA GA

TITLE S ☐ DELETE
NAME FRANZEN, THERESE G
STREET ADDRESS 211 PERIMETER CENTER PKWY, SUITE 800
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE CD ☒ Change ☐ Addition
12 NAME Torke, Michael J.
13 STREET ADDRESS 211 Perimeter Center Pkwy, Suite 800
14 CITY-ST-ZIP Atlanta, GA 30346

21 TITLE 500001828315 ☒ Change ☐ Addition
22 NAME -05/20/96--01022--028
23 STREET ADDRESS ***200.00
24 CITY-ST-ZIP

31 TITLE VD ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE VS ☐ Change ☒ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE S ☐ Change ☒ Addition
52 NAME Mutterperl, William C.
53 STREET ADDRESS 111 Westminster Street
54 CITY-ST-ZIP Providence, RI-02903

61 TITLE T ☐ Change ☒ Addition
62 NAME Pannone, Richard R.
63 STREET ADDRESS 111 Westminster Street
64 CITY-ST-ZIP Providence, RI-02903

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 19.07(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:

Therese G. Franzen

April 24, 1996 (770) 392-2455

Date

Original Filing #

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