

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 147115 (0)

1. Corporation Name  
REGIONAL FINANCE COMPANY



Principal Place of Business

300 W REYNOLDS  
P.O. BOX 163  
PLANT CITY FL 33564

Mailing Address

300 W REYNOLDS  
P.O. BOX 163  
PLANT CITY FL 33564

3. Date Incorporated or Qualified 05/23/1946 3a. Date of Last Report 04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

SHUMP, JAMES R.  
300 W REYNOLDS ST.  
P O BOX 163  
PLANT CITY FL 34289

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

Signature, typed or printed name of registered agent and state if applicable

(Not for Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VERNER, S. P.  
STREET ADDRESS 420 GULF BLVD.  
CITY-STATE-ZIP INDIAN ROCKS BCH. FL

☐ DELETE

TITLE VD  
NAME SHUMP, JAMES R.  
STREET ADDRESS 300 W REYNOLDS  
CITY-STATE-ZIP PLANT CITY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

John V. Verner (Sec/Dir)  
420 Gulf Blvd  
Madeira Beach, FL

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:

*James R. Shump* (VP.)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James R. Shump (Vice Pres)

3/1/96  
Date

Date of Filing

CR2E034 (12/95)