

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 # 187030 (2)

1. Corporation Name

SEMINOLE LOAN CORPORATION



Principal Place of Business

106 S. PALMETTO AVE.
SANFORD FL 32772-8057
US

Mailing Address

106 S. PALMETTO AVE.
PO BOX 1057
SANFORD FL 32772-1057
US

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIDGES, JACK T
PICO BUILDING
SANFORD FL 32771

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PD
STREET ADDRESS FRAASA, WILLIAM C
CITY-ST-ZIP 229 ESCONDIDO
ALTAMONTE SPRINGS FL

☐ DELETE

1.1 TITLE
1.2 NAME Fraasa, William C.
1.3 STREET ADDRESS 231 Escondido Circle
1.4 CITY-ST-ZIP Altamonte Springs, Fl 32701

☒ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS HOWARD, NATHANIEL L.
CITY-ST-ZIP 247 BURNING TREE DR.
NAPLES FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS HUAMAN, GONZALO
CITY-ST-ZIP 105 N VIRGINIA AVE
SANFORD FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS SANDEFUR, STANLEY
CITY-ST-ZIP 2720 MARSH WREN CIR
LONGWOOD FL

☒ DELETE

4.1 TITLE Director
4.2 NAME Fraasa, B. Kipling
4.3 STREET ADDRESS 3674 Sope Creek Farm
4.4 CITY-ST-ZIP Marietta, Ga 30067-5174

☐ Change ☒ Addition

TITLE
NAME VD
STREET ADDRESS BALES, DONALD J
CITY-ST-ZIP 3418 S ORLANDO DR.
SANFORD, FL 32771

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME TD
STREET ADDRESS BALES, JEFFREY C.
CITY-ST-ZIP 3418 S ORLANDO DR.
SANFORD FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *William C. Fraasa* Wm. C. Fraasa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-96 (407) 322-2083

Date

Define Phone #

CR2E034 (12/95)