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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
106 S. PALMETTO AVE. SANFORD FL 32772-8057 US	106 S. PALMETTO AVE. PO BOX 1057 SANFORD FL 32772-1057 US

3. Date Incorporated or Qualified: **08/05/1955**
3a. Date of Last Report: **05/14/1996**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: **59-0754814** ☐ 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

BRIDGES, JACK T
PICO BUILDING
SANFORD FL 32771

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, type or print name and capacity of Agent and Title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	XX Change ☐ Addition
NAME	FRAASA, WILLIAM C		1.2 NAME	PD Fraasa, William C.
STREET ADDRESS	231 ESCONDIDO CIRCLE		1.3 STREET ADDRESS	17 Escondido Circle #231
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Altamonte Springs, Fl 32701
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, NATHANIEL L.		2.2 NAME	
STREET ADDRESS	247 BURNING TREE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUAMAN, GONZALO		3.2 NAME	
STREET ADDRESS	105 N VIRGINIA AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRAASA, B. K		4.2 NAME	
STREET ADDRESS	3674 SOPE CREEK FARM		4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30067-5174		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BALES, DONALD J		5.2 NAME	
STREET ADDRESS	3418 S ORLANDO DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BALES, JEFFREY C.		6.2 NAME	
STREET ADDRESS	3418 S ORLANDO DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: William C Fraasa VICE PRESIDENT — 3-19-97 — 407-322-2083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #