

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 14 AM 9:14

**DOCUMENT # 390762**

**(3)**

1. Corporation Name

**FLEET FINANCE & MORTGAGE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001457426  
-04/17/95--01001--008  
\*\*\*200.00 \*\*\*\*200.00

Principal Place of Business

**30 PERIMETER PARK, SUITE 201  
ATLANTA GA 30341**

Mailing Address

**211 PERIMETER CENTER PKWY  
SUITE 800  
ATLANTA GA 30346  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/03/1971**

3a. Date of Last Report

**03/08/1994**

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

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

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 title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                             |
|-----------------|---------------------------------------------|
| TITLE           | <b>PD</b>                                   |
| NAME            | <b>OWENS, ROBERT HAROLD</b>                 |
| STREET ADDRESS  | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |
| CITY - ST - ZIP | <b>ATLANTA GA</b>                           |
| TITLE           | <b>V</b>                                    |
| NAME            | <b>MOORE, SHARON Y.</b>                     |
| STREET ADDRESS  | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |
| CITY - ST - ZIP | <b>ATLANTA GA</b>                           |
| TITLE           | <b>V</b>                                    |
| NAME            | <b>SCRUGGS, BEN DAVID</b>                   |
| STREET ADDRESS  | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |
| CITY - ST - ZIP | <b>ATLANTA GA</b>                           |
| TITLE           | <b>SD</b>                                   |
| NAME            | <b>STANFORTH, JOHN B.</b>                   |
| STREET ADDRESS  | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |
| CITY - ST - ZIP | <b>ATLANTA GA</b>                           |
| TITLE           |                                             |
| NAME            |                                             |
| STREET ADDRESS  |                                             |
| CITY - ST - ZIP |                                             |
| TITLE           |                                             |
| NAME            |                                             |
| STREET ADDRESS  |                                             |
| CITY - ST - ZIP |                                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                             |                                                                              |
|---------------------|---------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>CD</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>JOHN S. POELKER</b>                      |                                                                              |
| 1.3 STREET ADDRESS  | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |                                                                              |
| 1.4 CITY - ST - ZIP | <b>ATLANTA, GA 30346</b>                    |                                                                              |
| 2.1 TITLE           | <b>VD</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>KATHLEEN M. IRELAND</b>                  |                                                                              |
| 2.3 STREET ADDRESS  | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |                                                                              |
| 2.4 CITY - ST - ZIP | <b>ATLANTA, GA 30346</b>                    |                                                                              |
| 3.1 TITLE           | <b>P. EMERY COVINGTON</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |                                                                              |
| 3.3 STREET ADDRESS  | <b>ATLANTA, GA 30346</b>                    |                                                                              |
| 3.4 CITY - ST - ZIP |                                             |                                                                              |
| 4.1 TITLE           | <b>S</b>                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | <b>THERESE G. FRANZEN</b>                   |                                                                              |
| 4.3 STREET ADDRESS  | <b>211 PERIMETER CENTER PKWY, SUITE 800</b> |                                                                              |
| 4.4 CITY - ST - ZIP |                                             |                                                                              |
| 5.1 TITLE           |                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                             |                                                                              |
| 5.3 STREET ADDRESS  |                                             |                                                                              |
| 5.4 CITY - ST - ZIP |                                             |                                                                              |
| 6.1 TITLE           |                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                             |                                                                              |
| 6.3 STREET ADDRESS  |                                             |                                                                              |
| 6.4 CITY - ST - ZIP |                                             |                                                                              |

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 110.07(3)(b), 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 897, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN S. POELKER**

**4/10/95**

**104-392-2440**