

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996

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



* Use as reinstatement
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 419724 (0)
1. Corporation Name
NATIONS Banc MORTGAGE CORPORATION OF GEORGIA

96 SEP 16 PII 3: 53



Principal Place of Business
101 South Tryon St
2066 COOLEIDGE ROAD
TUCKER GA 30084
NC 1 002 2018
Charlotte, NC 28255

Mailing Address
Same
2066 COOLEIDGE ROAD
TUCKER GA 30084

2. Principal Place of Business	2a. Mailing Address
21 101 South Tryon St	26 101 South Tryon St
Suite, Apt #, etc	Suite, Apt #, etc
22 NC 1 002 2018	27 NC 1 002 2018
City & State	City & State
23 Charlotte, NC	28 Charlotte, NC
Zip	Country
24 28255	25 USA
29 28255	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
02/23/1973	05/01/1995
4. FEI Number	Applied For
59-1475062	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
	FL

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: (1) Registered Agent (2) Secretary of State (3) Treasurer (4) Director (5) Other (6) Registered Agent Signature Required (7) Director Signature Required

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HUDSON, JOHN T	
STREET ADDRESS	70 MANSELL CT, STE 205	
CITY - ST - ZIP	ROSWELL GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT L	
STREET ADDRESS	600 PEACHTREE ST	
CITY - ST - ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KISER, J. W	
STREET ADDRESS	100 N TRYON ST	
CITY - ST - ZIP	CHARLOTTE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, MICHAEL R	
STREET ADDRESS	600 PEACHTREE ST	
CITY - ST - ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OK 9-27
2.3 STREET ADDRESS	900001962113
2.4 CITY - ST - ZIP	-10/02/96--01001--043
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	***375.00 ***375.00
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	Assar, Karim
4.4 CITY - ST - ZIP	600 Peachtree St NE Atlanta, GA 30308-2214
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Officer - Senior Vice Pres.
5.3 STREET ADDRESS	Susan Mays Newman
5.4 CITY - ST - ZIP	101 South Tryon St Charlotte, NC 28255
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Mays Newman* SUSAN MAYS NEWMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) 704-386-8568
Date 8/3/96