

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **537972** (2)

1. Corporation Name  
**PLUS FINANCIAL, INC.**

Principal Place of Business Mailing Address  
**C/O RTC/OSM 245 PEACHTREE CENTER AVENUE, STE. 1100 ATLANTA GA 30303**

**800001452058**  
**-04/10/95--01045--006**  
**\*\*\*\*208.75 \*\*\*\*208.75**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/24/1977</b>		3a. Date of Last Report <b>05/01/1994</b>	
4. FEI Number <b>94-2425290</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
30. Country		30. Country	

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH 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	<b>FL</b>
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	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALFORD, RANDALL D</b>	1.2 NAME	<b>same</b>
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., SUITE 1100</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCQUEEN, JOHN M</b>	2.2 NAME	<b>Lamar V. Hallman</b>
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., SUITE 1100</b>	2.3 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>	2.4 CITY - ST - ZIP	<b>Atlanta, GA. <del>30303</del> 30303</b>
TITLE	<b>DST</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRICKLAND, EDD M</b>	3.2 NAME	<b>J. Michael Bargarrier</b>
STREET ADDRESS	<b>245 PEACHTREE CENTER AVE., SUITE 1100</b>	3.3 STREET ADDRESS	<b>245 Peachtree Center Ave. Ste. 1100</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>	3.4 CITY - ST - ZIP	<b>Atlanta, GA. 30303</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VP/IAS (Officer only)</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Sandra L. Milton</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>245 Peachtree Center Ave. Ste. 1100</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>VP/IAS - officer only</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Deborah Y. Chandler</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>245 Peachtree Center Ave. Ste. 1100</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Atlanta, GA. 30303</b>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(2)(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. 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: *Randall D. Alford* **4-4-95** **404-200-6394**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone  
**Randall D. Alford, President**