FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **816244** **(8)**

1. Corporation Name
REAL ESTATE FINANCING, INC.

Principal Place of Business
605 S. PERRY
P.O. BOX 669
MONTGOMERY AL 36104-5819
US

Mailing Address
605 S. PERRY
P.O. BOX 669
MONTGOMERY AL 36104-5819

3. Date Incorporated or Qualified: **07/27/1962**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **63-0255533** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 · Country 25	Zip 29 · Country 30

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

PELHAM, PEGGY
6677 N. DAVIS HWY.
PENSACOLA FL 32504

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1 1 TITLE	☐ Change ☐ Addition
NAME	HOLLEMAN, JOHN A.	1 2 NAME	
STREET ADDRESS	6411 THISTLEWOOD CT.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	HORSLEY, RICHARD D.	2 2 NAME	
STREET ADDRESS	5451 PALOMINO TRL	2 3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2 4 CITY-ST-ZIP	
TITLE	EVPT	3 1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JOE B	3 2 NAME	
STREET ADDRESS	213 DAVORS DR	3 3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	3 4 CITY-ST-ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	MACKIN, STANLEY	4 2 NAME	
STREET ADDRESS	4260 STONE RIVER RD	4 3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, WILLIAM M	5 2 NAME	
STREET ADDRESS	1254 AUGUSTA	5 3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	5 4 CITY-ST-ZIP	
TITLE	VS	6 1 TITLE	EVPS ☒ Change ☐ Addition
NAME	FLEEGAL, JANET	6 2 NAME	
STREET ADDRESS	929 CLOVERDALE RD.	6 3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JANET FLEEGAL 4/20/95 (334)223-3787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

0465000 FP