

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835201

1. Corporation Name

COMPUTER CREDIT, INCORPORATED

Principal Place of Business

P. O. BOX 5238
640 W. 4TH ST.
WINSTON-SALEM NC 27113-2238

Mailing Address

P. O. BOX 5238
640 W. 4TH ST.
WINSTON-SALEM NC 27113-2238

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90023 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1975

4. FEI Number

56-1021667

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBER, GARY S.
BROWARD FINANCIAL CENTER, 17TH FLOOR
500 E. BROWARD BLVD.
FT. LAUDERDALE FL 33394

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 PTD ☐ DELETE
NAME LAKE, J. GILMOUR
STREET ADDRESS 819 DEVON CT
CITY-ST-ZIP WINSTON-SALEM NC 27104

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPTS ☐ DELETE
NAME MANUEL, RICKIE L
STREET ADDRESS 176 WAYSIDE DR.
CITY-ST-ZIP WINSTON-SALEM NC 27107

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME O'CONNOR, MICHAEL J
STREET ADDRESS 1044 CROSS GATE RD
CITY-ST-ZIP WINSTON-SALEM NC 27106

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME PICKETT, LONDON L
STREET ADDRESS 5176 HUNTCLIFF TRAIL
CITY-ST-ZIP WINSTON-SALEM NC 27104

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Director
5.3 STREET ADDRESS Fulton, Paul
5.4 CITY-ST-ZIP 1093 E. Kent Rd.
Winston-Salem, NC 27104

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Gilmour Lake, Pres. 3/1/99

Date

(336) 761-1524

Daytime Phone #

CR2E034 (11/98)