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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:22

DOCUMENT # 849715 (8)

1. Corporation Name
CONTINENTAL CREDIT CORPORATION OF TEXAS

Principal Place of Business	Mailing Address
P O DRAWER 611 SPARTENBERG SC 29304 US	P O DRAWER 611 SPARTENBERG SC 29304 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1981	3a. Date of Last Report: 06/22/1994
4. FEI Number: 57-0520941	☐ 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	

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

9. Name and Address of Current Registered Agent

GORMAN, ROBERT J.
515 S. INDIAN RIVER DR.
FT PIERCE FL 34950

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BRIDGES, SUSAN A.	12 NAME	Bridges, Susan A.	
STREET ADDRESS	1020 7 SPRINGS RD	13 STREET ADDRESS	1020 Seven Springs Rd	
CITY-ST-ZIP	SPARTANBURG SC	14 CITY-ST-ZIP	Spartanburg, SC	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	EDWARDS, CLARENCE H	22 NAME	Edwards, Clarence H.	
STREET ADDRESS	14 TERRA LEA LN	23 STREET ADDRESS	14 Terra Lea Ln	
CITY-ST-ZIP	GREENVILLE TX	24 CITY-ST-ZIP	Greenville, SC	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, A G	32 NAME		
STREET ADDRESS	100 ROSCOMMON RUN	33 STREET ADDRESS		
CITY-ST-ZIP	MOORE SC	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	RABON, DIANNA M	42 NAME		
STREET ADDRESS	136 WELLS DR	43 STREET ADDRESS		
CITY-ST-ZIP	INMAN SC	44 CITY-ST-ZIP		
TITLE	T	51 TITLE	T	☒ Change ☐ Addition
NAME	SHIELS, ANITA SUE	52 NAME	Shiels, Anita Sue	
STREET ADDRESS	112 PINE ACRES	53 STREET ADDRESS	1514 Fernwood Glendale Rd #501	
CITY-ST-ZIP	SPARTANBURG SC	54 CITY-ST-ZIP	Spartanburg, SC	
TITLE	AST	61 TITLE		☐ Change ☐ Addition
NAME	BRIDGES, MARGARET M.	62 NAME		
STREET ADDRESS	341 FERNANDINA ST.	63 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	64 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)(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.

SIGNATURE: Dianna M. Rabon, Sec. 1/31/95 803-582-8193
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone Number
Dianna M. Rabon, Secretary

0478105 FP