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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F92000000002 (7)**

1. Corporation Name
OAKWOOD ACCEPTANCE CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 7386 GREENSBORO NC 27417-0386	P.O. BOX 7386 GREENSBORO NC 27417-0386

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1992**
3a. Date of Last Report: **02/08/1994**

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

4. FEI Number: **56-1377207** ☐ 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 activity for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T 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 **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 the date of signature (NOTE: Registered Agent's signature required when item(s) 9 or 10 changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	DARLING, RALPH L	12 NAME	
STREET ADDRESS	2225 S. HOLDEN ROAD delete	13 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27417-0386	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	Chairman of Board & Director ☑ Change ☐ Addition
NAME	ST. GEORGE, NICHOLAS J	22 NAME	
STREET ADDRESS	2225 S. HOLDEN ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	President & Director ☑ Change ☐ Addition
NAME	MICHAEL, A S	32 NAME	
STREET ADDRESS	2225 S. HOLDEN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	EVP- Consumer Finance ☑ Change ☐ Addition
NAME	GILMORE, LARRY T	42 NAME	
STREET ADDRESS	2225 S. HOLDEN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27417-0386	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	VP - Loan Servicing ☑ Change ☐ Addition
NAME	GRIFFIN, JIMMY S	52 NAME	
STREET ADDRESS	2225 S. HOLDEN ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27417-0386	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	VP, Treasurer & Secretary ☑ Change ☐ Addition
NAME	MUIR, DOUGLAS R	62 NAME	
STREET ADDRESS	2225 S. HOLDEN ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	64 CITY-ST-ZIP	

14. I do hereby certify that the information contained 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 above/report, or on an attachment with an address.

SIGNATURE: Doug Muir — 5/1/95 — (910) 855-2400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0477038 FP