

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:25

DOCUMENT # **F93000005302 (5)**

1. Corporation Name

SOUTHERN MORTGAGE REPORTING, INC.

Principal Place of Business

Mailing Address

6010 DAWSON BLVD.
NORCROSS GA 30093

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NORCROSS GA 30093

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

03/28/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1974409

58-1974408

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

JONES, CRISTY
1211 QUEEN ELAINE DR.
CASTLEBERRY FL 32707

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 agent 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 running)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: CEO
NAME: MCMAHAN, KYLE
STREET ADDRESS: 2657 HENDERSON RIDGE RD.
CITY - ST - ZIP: TUCKER GA 30084

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE: PCFO
NAME: KOENIG, CRAIG J
STREET ADDRESS: 989 PAYTON WAY
CITY - ST - ZIP: TUCKER GA 30084

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE: EV
NAME: STEWART, JOHN
STREET ADDRESS: 2511 GLEN EAGLES DR.
CITY - ST - ZIP: TUCKER GA 30084

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE: S
NAME: WHITE, JULIE
STREET ADDRESS: 40 SALEM MEADOWS DR.
CITY - ST - ZIP: COVINGTON GA 30209

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

2024 Lost Forest Lane
Conyers, GA 30207

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY - ST - ZIP: [Blank]

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 119.02(3)(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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed (or with an attachment with an address).

SIGNATURE:

Craig J. Koenig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG J. KOENIG

02/07/95 404/729-1776
DATE REGISTERED AGENT'S SIGNATURE