

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000005302 (5)

1. Corporation Name

SOUTHERN MORTGAGE REPORTING, INC.



Principal Place of Business

6010 DAWSON BLVD.  
NORCROSS GA 30093

Mailing Address

6010 DAWSON BLVD.  
NORCROSS GA 30093

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

02/13/1995

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

JONES, CRISTY  
1211 QUEEN ELAINE DR.  
CASTLEBERRY FL 32707

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 type for principal place of business and mailing address) (Note: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CEO  
MCMAHAN, KYLE  
STREET ADDRESS  
2857 HENDERSON RIDGE RD.  
CITY-ST-ZIP  
TUCKER GA 30084

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
S  
WHITE, JULIE  
STREET ADDRESS  
2024 LOST FOREST LANE  
CITY-ST-ZIP  
CONYERS GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

575 Greenview Avenue  
Conyers, GA 30208

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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 770/416-6877 ext 114  
Date Daytime Phone

CR2E034 (12/95)