

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 27 PM 12: 58  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000006255 (3)**

1. Corporation Name

**CONCORDE FINANCE & INVESTMENT, INC.**

Principal Place of Business

PO BOX 2049  
RICHMOND HILL GA 31324

Mailing Address

PO BOX 2049  
RICHMOND HILL GA 31324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suits, Apt #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

58-1764047

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 § 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**LUIS, ARTHUR  
2900 PARKWAY BOULEVARD  
KISSIMMEE FL 34747**

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

Signature (Print or printed name of registered agent and title if applicable)

Signature (Registered Agent signature required unless renounced)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	CULBERTSON, DOOLEY E
STREET ADDRESS	16 PRICE STREET
CITY, ST, ZIP	SAVANNAH GA 31401
TITLE	VSTD
NAME	SRIKANTHAN, KETHESPARAN
STREET ADDRESS	125 HOOVER CREEK ROAD
CITY, ST, ZIP	SAVANNAH GA 31419
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	"Delete"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY, ST, ZIP		
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JoAnne Sasser	
3.3 STREET ADDRESS	84 Belle Island Road	
3.4 CITY, ST, ZIP	Richmond Hill, GA 31324	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(c), 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 or changed there on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

(912) 756-8514