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FILED
May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000610

1. Corporation Name

FIRST GREENSBORO HOME EQUITY, INC.

Principal Place of Business

**4830 KOGER BLVD.
GREENSBORO NC 27407**

Mailing Address

**4830 KOGER BLVD.
GREENSBORO NC 27407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

56-1669598

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1801 Stanley Road

2a. Mailing Address

26 1801 Stanley Road

Suite, Apt. #, etc.

22 Suite 400

Suite, Apt. #, etc.

27 Suite 400

City & State

23 Greensboro NC

City & State

28 Greensboro NC

Zip

24 27407

Country

25 US

Zip

29 27407

Country

30 US

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	JORDAN, WEBSTER C JR.	
STREET ADDRESS	4602 N CARDINAL COVE LANE	
CITY-ST-ZIP	GREENSBORO NC 27410	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAULDIN, ROBERT R	
STREET ADDRESS	109 ESSEX CT	
CITY-ST-ZIP	ROCKY MOUNT NC 27803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTILLO, FRANK L	
STREET ADDRESS	3712 WINCHESTER RD	
CITY-ST-ZIP	ROCKY MOUNT NC 27804	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLVARD, BEN H	
STREET ADDRESS	9530 VALLEY MEDE CT	
CITY-ST-ZIP	ELLCOTT CITY MD 21042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAY, DORIS R	
STREET ADDRESS	1911 BAYTREE DR	
CITY-ST-ZIP	GREENSBORO NC 27407	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEWELL, CECIL W	
STREET ADDRESS	325 IRON HORSE RD	
CITY-ST-ZIP	ROCKY MOUNT NC 27804	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Garrison, Robert W.	
1.3 STREET ADDRESS	2906 Cabarrus Drive	
1.4 CITY-ST-ZIP	Greensboro NC 27407	
2.1 TITLE	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fuller, Layne A.	
2.3 STREET ADDRESS	5307 Wayne Road	
2.4 CITY-ST-ZIP	Greensboro NC 27407	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bennett, Robert Jr.	
3.3 STREET ADDRESS	405 Rhododendron Drive	
3.4 CITY-ST-ZIP	Chapel Hill NC 27514	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wilkerson, William H.	
4.3 STREET ADDRESS	336 Iron Horse Road	
4.4 CITY-ST-ZIP	Rocky Mount NC 27804	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Caswell, Charles A.	
5.3 STREET ADDRESS	109 Milby Court	
5.4 CITY-ST-ZIP	Rocky Mount NC 27804	
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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Layne A. Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(336) 855-4925

Daytime Phone #

CR2E034 (11/98)