

Amended \$ 61.25
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000927

1. Corporation Name

America's MoneyLine, Inc.

Principal Place of Business

4880 Cox Road
Glen Allen, VA 23060

Mailing Address

4880 Cox Road
Glen Allen, VA 23060

FILED
99 JUL 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
2/23/96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number
54-1785196

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

9. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System,
Inc.
1201 Hays Street, Suite 105
Tallahassee, FL 32301

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 D ☐ DELETE

NAME David L. Heavenridge
STREET ADDRESS 120 Tredegar Street
CITY-ST-ZIP Richmond, VA 23219

TITLE P ☐ DELETE

NAME Michael L. Sawyer
STREET ADDRESS 4880 Cox Road
CITY-ST-ZIP Glen Allen, VA 23060

TITLE SV/T ☐ DELETE

NAME Robert G. Partlow
STREET ADDRESS 4880 Cox Road
CITY-ST-ZIP Glen Allen, VA 23060

TITLE SV ☐ DELETE

NAME Harry R. Burd
STREET ADDRESS 4880 Cox Road
CITY-ST-ZIP Glen Allen, VA 23060

TITLE SV ☐ DELETE

NAME Dennis G. Stowe
STREET ADDRESS 1 Ridgmar Centre, 6500 W.
CITY-ST-ZIP Freeway, Fort Worth, TX 76116

TITLE V ☐ DELETE

NAME Richard D. Shepherd
STREET ADDRESS 4880 Cox Road
CITY-ST-ZIP Glen Allen, VA 23060

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

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G. PAYNE JUL 20 1999

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:

MOSENFELDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-99 (804) 967-7061

Date Daytime Phone #

CR2E034 (1/198)