


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

FILED

Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moxham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96 000001296
1. Corporation Name

Southern Financial Group, Inc

Principal Place of Business 1340 Pickens St Columbia SC 29201	Mailing Address PO Box 12619 Columbia SC 29211
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2. Principal Place of Business 21 1340 Pickens St Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 12619 Suite, Apt. #, etc.
22 City & State 23 Columbia SC Zip 29201 Country USA	27 City & State 28 Columbia SC Zip 29211 Country USA

3. Date Incorporated or Qualified 7-15-85	3a. Date of Last Report 3-13-96
4. FEI Number 57 08 03652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Tim Moyer
82 Street Address (P.O. Box Number is Not Acceptable) 640 N. Orlando Ave
83 Ste 1004
84 City Maitland FL 85 Zip Code 32751

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 Tim Moyer DATE 7/28/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	C Dennis McKittick
STREET ADDRESS		1.3 STREET ADDRESS	121 Briarwood Lane
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Summerville, SC 29483
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Compliance Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	C. David Collins
STREET ADDRESS		2.3 STREET ADDRESS	210 Beaufort St
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Summerville, SC 29483
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	MARK MAURER
STREET ADDRESS		3.3 STREET ADDRESS	99 Bellline Blvd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Columbia SC 29205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	500002279355 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-08/28/97--01025--004
STREET ADDRESS		6.3 STREET ADDRESS	***550.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	8-26

14. I do 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 in an attachment with an address.

SIGNATURE: Mark Maurer DATE 7/28/97 (803) 252-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)