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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F96000005443 (4)**

1. Corporation Name
PREMIER FINANCE COMPANY, INC.

Principal Place of Business	Mailing Address
PO BOX 16167 MOBILE AL 36616-0167	PO BOX 16167 MOBILE AL 36616-0167

3. Date Incorporated or Qualified: **10/21/1996** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **63-1068833** ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

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 Section 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURTON, J R	1.2 NAME	
STREET ADDRESS	165 N. BELTLINE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	1.4 CITY-ST-ZIP	
TITLE	DC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURTON, J R	2.2 NAME	
STREET ADDRESS	165 N. BELTLINE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEFFARD, DAVID R II	3.2 NAME	
STREET ADDRESS	200 COSGROVE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	3.4 CITY-ST-ZIP	
TITLE	DC ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARGARET C	4.2 NAME	
STREET ADDRESS	109 HILLWOOD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POSEY, JAMES	5.2 NAME	
STREET ADDRESS	23 EDGEFIELD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, LAWSON W III	6.2 NAME	
STREET ADDRESS	1500 RIVERFRONT DR., #108	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE ROCK AR 72202	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I declare to the best of my knowledge 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.

SIGNATURE: David R Leffard II DAVID R LEFFARD, II 3/19/97 334 543-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #