

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005443 (4)

1. Corporation Name

PREMIER FINANCE COMPANY, INC.

Principal Place of Business

PO BOX 16167
MOBILE AL 36616-0167

Mailing Address

PO BOX 16167
MOBILE AL 36616-0167

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1986

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, J R	1.2 NAME	
STREET ADDRESS	165 N. BELTUNE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, J R	2.2 NAME	
STREET ADDRESS	165 N. BELTUNE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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.

SIGNATURE:

 4/27/98

CR2E034 (10/97)