

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90022 041 \*\*\*150.00

DOCUMENT # F98000004260

1. Corporation Name

SOUTHEAST MORTGAGE FINANCIAL SERVICES INC.

Principal Place of Business

620 STARKS BLDG.  
455 SOUTH FOURTH AVE.  
LOUISVILLE KY 40202

Mailing Address

620 STARKS BLDG.  
455 SOUTH FOURTH AVE.  
LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

61-1294436

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 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

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 CPST ☐ DELETE

NAME POOLE, J. MICHAEL  
STREET ADDRESS 455 S. FOURTH AVE., STE. 610  
CITY-ST-ZIP LOUISVILLE KY 40202-2509

TITLE V ☐ DELETE

NAME QUIGLEY, JOHN  
STREET ADDRESS 9405 MILLBROOK RD.  
CITY-ST-ZIP LOUISVILLE KY 40223

TITLE V ☐ DELETE

NAME STORY, FRANKIE J  
STREET ADDRESS 7098 DISTRIBUTION DR., STE. E  
CITY-ST-ZIP LOUISVILLE KY 40258

TITLE V ☐ DELETE

NAME HATFIELD, STEVE  
STREET ADDRESS 455 S. FOURTH AVE., STE. 620  
CITY-ST-ZIP LOUISVILLE KY 40202-2509

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME V  
STREET ADDRESS Todd Wurtsmith  
CITY-ST-ZIP 982 N. Bardstown Road  
Mt. Washington, KY 40047

2.1 TITLE ☐ Change ☒ Addition

NAME V/S  
STREET ADDRESS Cheryl Fusselman  
CITY-ST-ZIP 455 S. 4th Ave., Ste 620  
Louisville, KY 40202

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)