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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000004830

1. Corporation Name

FIRST SOUTHERN GUARANTEE FINANCIAL CORPORATION

Principal Place of Business

125 PLANTATION CENTER DR., STE. 800B
P.O. BOX 24597
MACON GA 31212

Mailing Address

125 PLANTATION CENTER DR., STE. 800B
P.O. BOX 24597
MACON GA 31212

FILED

99 JAN 19 PM 1:23

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1998

4. FEI Number

58-2385994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

~~GALNON, MARY
1515 SE 12TH ST
OCALA FL 34471~~

81 Name

82 Street Address (P.O. Box, if applicable)

FLORIDA COMPLIANCE SPECIALIST, INC.

83

1331 E. LAFAYETTE STREET, STE. F

84

TALLAHASSEE, FLORIDA 32301

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

David Taylor

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/99

12. OFFICERS AND DIRECTORS

TITLE CPT ☐ DELETE

NAME PROFFITT, ANTHONY D
STREET ADDRESS 246 PEBBLEBROOK LANE
CITY-ST-ZIP MACON GA 31220

TITLE S ☐ DELETE

NAME PROFFITT, BEBE W
STREET ADDRESS 246 PEBBLEBROOK LANE
CITY-ST-ZIP MACON GA 31220

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

700002750827-7

01/21/99-0117-010

***150.00 ***150.00

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Anthony D Proffitt President 1-859

912-474-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)