

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # G27601

(5)

1. Corporation Name

COMMVEST SECURITIES INC.

Principal Place of Business

RESOLUTION TRUST CORPORATION
245 PEACHTREE CENTER AVE., #1100
ATLANTA GA 30303

Mailing Address

RESOLUTION TRUST CORPORATION
245 PEACHTREE CENTER AVE., #1100
ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/10/1983

3a. Date of Last Report

04/14/1994

4. FBI Number

59-2262684

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME STRICKLAND, EDD M
STREET ADDRESS 245 PEACHTREE CENTER AVE., #1100
CITY-ST-ZIP ATLANTA GA 30303

TITLE V
NAME CORRIGAN, RICHARD
STREET ADDRESS 245 PEACHTREE CENTER AVE., #1100
CITY-ST-ZIP ATLANTA GA 30303

TITLE ST
NAME SMARTT, ROBERT L
STREET ADDRESS 245 PEACHTREE CENTER AVE., #1100
CITY-ST-ZIP ATLANTA GA 30303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☐ Addition

1.2 NAME J. MICHAEL BARGANIER
1.3 STREET ADDRESS 245 Peachtree Center Ave., Ste. 1100
1.4 CITY-ST-ZIP Atlanta, GA 30303

2.1 TITLE VP/AS/D ☐ Change ☐ Addition

2.2 NAME FAYE O. HAACK
2.3 STREET ADDRESS 245 Peachtree Center Ave., Ste. 1100
2.4 CITY-ST-ZIP Atlanta, GA 30303

3.1 TITLE VP/AS/D ☐ Change ☐ Addition

3.2 NAME RICHARD CORRIGAN
3.3 STREET ADDRESS 245 Peachtree Center Ave., Ste. 1100
3.4 CITY-ST-ZIP Atlanta, GA 30303

4.1 TITLE S/T/D ☐ Change ☐ Addition

4.2 NAME ROBERT L. SMARTT
4.3 STREET ADDRESS 245 Peachtree Center Ave., Ste. 1100
4.4 CITY-ST-ZIP Atlanta, GA 30303

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 even attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed Name)