

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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 1-22-96

B-0033

DOCUMENT # H44573 (4)

1. Corporation Name

SUNBELT FINANCE OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 3484
SPARTANBURG SC 29304
US

Mailing Address

P.O. BOX 3484
SPARTANBURG SC 29304
US

3. Date Incorporated or Qualified
02/26/1985

3a. Date of Last Report
04/14/1995

4. FET Number
59-2500398

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GORMAN, ROBERT J.

615 SOUTH INDIAN RIVER DR. see →
FT. PIERCE FL 33450

81 Name Robert J. Gorman

82 Street Address (P.O. Box Number is Not Acceptable)
1204 Delaware Ave.

83

84 City Fort Pierce

FL

85 Zip Code
34950

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 (agent not changed - address only)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing office)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE VD
NAME BRIDGES, MARGARET M.
STREET ADDRESS 341 FERNANDINA ST.
CITY - ST - ZIP FT. PIERCE FL ☐ DELETE

TITLE PD
NAME BRIDGES, SUSAN A.
STREET ADDRESS 1020 SEVEN SPRINGS RD.
CITY - ST - ZIP SPARTANBURG SC ☐ DELETE

TITLE STD
NAME RABON, DIANNA
STREET ADDRESS 136 WELLS DR.
CITY - ST - ZIP INMAN SC ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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 119.07(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 on an attachment with an address.

SIGNATURE:

Susan A. Bridges

Susan A. Bridges

1/16/95

582 + 193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type in Phone)

CR2E034 (12/95)