

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P38225 (9)

1. Corporation Name

EMERGENT BUSINESS CAPITAL, INC.

FILED
95 JAN 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

222 N. MAIN ST. 15 S. MAIN ST.
STE-000 SUITE 750
GREENVILLE SC 29601
US

Mailing Address

P. O. BOX 17526
GREENVILLE SC 29606
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/07/1992

3a. Date of Last Report

07/20/1994

4. FEI Number

57-0944618

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD
GIDDENS, KEITH B
208 GARVIN STREET
PICKENS SC

STREET ADDRESS

CITY- ST- ZIP

TITLE

PD
BICKLEY, JOHN A.

STREET ADDRESS

CITY- ST- ZIP

233 NO MAIN STR #300 15 S. MAIN # 750
GREENVILLE SC

TITLE

TVSD
MAST, KEVIN J

STREET ADDRESS

CITY- ST- ZIP

9 BRIARBERRY CT
GREER SC

TITLE

D
STERLING, JOHN M

STREET ADDRESS

CITY- ST- ZIP

233 NO MAIN STR #350 15 S. MAIN # 750
GREENVILLE SC

TITLE

D
DAVIS, ROBERT

STREET ADDRESS

CITY- ST- ZIP

233 N. MAIN STREET #350 15 S. MAIN # 750
GREENVILLE SC

TITLE

VD
SCHUSTER, DERYL K.

STREET ADDRESS

CITY- ST- ZIP

27831 W 87 STR 80
VIOLA KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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:

Kevin J. Mast KEVIN J. MAST
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
SVP, CFO, Treasurer & Secretary

1-13-95

803-232-6197