SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 10:06

DOCUMENT # **P40210** **(7)**

1. Corporation Name

SOUTHEAST MORTGAGE & INVESTMENT CORP.

Principal Place of Business	Mailing Address
P.O. BOX 13563 GREENSBORO NC 27415	P.O. BOX 13563 GREENSBORO NC 27415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1992
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 56-1784842 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PAS	11 TITLE	VPAS	☐ Change ☒ Addition
NAME	KENTNER, JEFFREY W	12 NAME	Preyer, Jr., L. Richardson	
STREET ADDRESS	211 STATE ST	13 STREET ADDRESS	2002 Pisgah Church Road	
CITY-ST-ZIP	GREENSBORO NC	14 CITY-ST-ZIP	Greensboro, NC 27455	
TITLE	VPAS	21 TITLE	Vice President/Treasurer/Secretary	☐ Change ☒ Addition
NAME	WHITE, THOMAS L	22 NAME	Gay, Tiffany N.	
STREET ADDRESS	211 STATE STREET	23 STREET ADDRESS	211 State Street	
CITY-ST-ZIP	GREENSBORO NC	24 CITY-ST-ZIP	Greensboro, NC 27408	
TITLE	VPAS	31 TITLE		☐ Change ☐ Addition
NAME	HARMON, JOHN C	32 NAME		
STREET ADDRESS	211 STATE ST	33 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC	34 CITY-ST-ZIP		
TITLE	VPAS	41 TITLE		☐ Change ☐ Addition
NAME	BRANTLEY, F C	42 NAME		
STREET ADDRESS	301 N ELM ST	43 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC	44 CITY-ST-ZIP		
TITLE	VPAS	51 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, HAYNES G	52 NAME		
STREET ADDRESS	2002 PISGAH CHURCH RD	53 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC	54 CITY-ST-ZIP		
TITLE	VPAS	61 TITLE		☐ Change ☐ Addition
NAME	LEEOLOU, STEPHEN R	62 NAME		
STREET ADDRESS	2002 PISGAH CHURCH RD	63 STREET ADDRESS		
CITY-ST-ZIP	GREENSBOR NC	64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Tiffany N. Gay 6-14-95 910-275-8580
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0170022 FN