

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40210 (7)

1. Corporation Name

SOUTHEAST MORTGAGE & INVESTMENT CORP.

Principal Place of Business

P.O. BOX 29265  
GREENSBORO NC 27429

Mailing Address

P.O. BOX 29265  
GREENSBORO NC 27429



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1992

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	WHITE, THOMAS L. J	
STREET ADDRESS	408 1/2 STATE STREET	
CITY-ST-ZIP	GREENSBORO NC	

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GAY, TIFFANY N.	
STREET ADDRESS	211 STATE STREET	
CITY-ST-ZIP	GREENSBORO NC	

TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	HARMON, JOHN C	
STREET ADDRESS	211 STATE ST	
CITY-ST-ZIP	GREENSBORO NC	

TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	BRANTLEY, F C	
STREET ADDRESS	301 N ELM ST	
CITY-ST-ZIP	GREENSBORO NC	

TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	GRIFFIN, HAYNES G	
STREET ADDRESS	2002 PISGAH CHURCH RD	
CITY-ST-ZIP	GREENSBORO NC	

TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	LEELOU, STEPHEN R	
STREET ADDRESS	2002 PISGAH CHURCH RD	
CITY-ST-ZIP	GREENSBORO NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffery W. Kentner	
1.3 STREET ADDRESS	211 State Street	
1.4 CITY-ST-ZIP	Greensboro, NC	

2.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	L. Richardson Preyer, Jr.	
2.3 STREET ADDRESS	2002 Pisgah Church Rd.	
2.4 CITY-ST-ZIP	Greensboro, NC	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

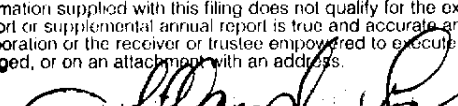
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE



46-58 9/10/2012 2412

CR2E034 (10/97)