

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-19-1999 90018 001 *7,500.00

FILE P92000015356

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P92000015356

1. Corporation Name

NATIONSBANC BUSINESS FINANCE CORPORATION



Principal Place of Business

100 LAURA ST.
JACKSONVILLE FL 32202-3610

Mailing Address

50 N LAURA ST
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1992

4. FEI Number

59-3145023

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. 401 N TRYON ST
21 CHARLOTTE NC 28255

2a. 401 N TRYON ST
26 CHARLOTTE NC 28255

22 City & State

27 City & State

23 Zip Country

28 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPM	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, VICTORIA G.	
STREET ADDRESS	50 N. LAURA ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DEWEY, ROBERT H III	
STREET ADDRESS	50 N LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOGAN, JOHN B.	
STREET ADDRESS	112 W ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUTLEDGE, VANCE H	
STREET ADDRESS	112 W ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres / Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stewart M. Brister	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	401 N TRYON ST CHARLOTTE NC 28255	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Duane L. Smith	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Sec. / Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Victoria G. Wilcox	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dixie Ann Hanes	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stewart M. Long, Jr.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Doug E. Monda	
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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE L. SMITH, VP

4/23/99

704-388-2460

CR2E034 (11/98)