

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

FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P94000033825 (8)**

1. Corporation Name

**GREAT AMERICAN LOAN COMPANY, INC.**



Principal Place of Business

**735 NW 22 AVE  
MIAMI FL 33125**

Mailing Address

**8801 DUNWOODY PLACE  
SUITE 408  
ATLANTA GA 30350-2550  
US**

2. Principal Place of Business

**21 971 East Tennessee**

State, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

**22 City & State  
Tallahassee, FL**

27 City & State

**23 Zip  
32308**

**25 Country  
USA**

28 Zip

**30 Country**

3. Date Incorporated or Qualified

**05/02/1994**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0491203**

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

**CT CORP. SYSTEM  
1200 S 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 of person filing or registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**P** ☐ DELETE  
NAME: **ROD AYCOX**  
STREET ADDRESS: **8801 DUNWOODY PLACE, SUITE 408**  
CITY-ST-ZIP: **ATLANTA GA**

☐ DELETE  
NAME:  
STREET ADDRESS:  
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CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: **President/Secretary/Director** ☐ Change ☒ Addition  
12 NAME: **Roderick Aycox**  
13 STREET ADDRESS: **8601 Dunwoody Pl., Ste 406**  
14 CITY-ST-ZIP: **Atlanta, GA 30350**

21 TITLE: ☐ Change ☐ Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:

31 TITLE: ☐ Change ☐ Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:

41 TITLE: ☐ Change ☐ Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY-ST-ZIP:

51 TITLE: ☐ Change ☐ Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY-ST-ZIP:

61 TITLE: ☐ Change ☐ Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY-ST-ZIP:

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roderick Aycox, Director 2/27/97 (770) 552-9840**

Date

Daytime Phone #

0012655

CR2E034 (9/96)