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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT 1. Corporation Name	#

P94000042075 (9)

SOUTH FINANCIAL FLOORPLAN CORPORATION

appears in Block 12 or Block

SIGNATURE:

Suite, Apt. #, etc. Soite, Ap	Principal Place of Business Mailing Address					- I TODICOOL TO IDIII DIGIL BOLL DONI BEKIT DONI DELIK DIBYD 150M ECHL 1600 GINI 1600			
Solid Pace of Business 2a Mailing Address 4 FET Number Applied FeT 26 26 59-3246927 Not Applied Solid Applied FeT Solid Applied Ap									
2. Principal Place of Business 2a. Mailing Ackress 2b. Mailing Ackress 2b. Sp.3246927							3. Date Incorporated or Qualified	3a. Date of Last	Report
Suite, Apt. #, etc.								3a. Date of Last Repo 08/14/1998 App Not \$8.75 At Fee Req \$5.00 A Added to Intangible tax under s 19t No eglistered Agent e) FL 85 Zip Co applied tax under s 19t Change C Change C Change C Change C Change C	1995
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.		ce of Business	°						Applied For
City & State Ci	1		·				59-3246927		Not Applicable
Zip		etc.		C.			5. Certificate of Status Desired	1 1	
98 99 90 Florida Statutes 76 Section 607 Ourrent Registered Agent 10. Name and Address of New Registered Agent 10. Name Name Name Name Name Name Name Name			├ ── '						
MASSEY, MICHAEL D 1820 NE 2ND STREET GAINESVILLE FL 32609 84 City FL 85 Zip Coop 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Phoreby accept the appointment as registered agent. I state that the obligations of, Section 167.0506, Florida Statutes. SIGNATURE Signature. So OFFICERS AND DIRECTIORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS IN 12 MAME STREET ADDRESS CITY-S1-ZIP GAINESVILLE FL 32609 14 CITY-S1-ZIP 13. SIRRET ADDRESS CITY-S1-ZIP TAMPA FL 33604 10 DELETE 1 SITILE 1 DELETE 1 SITILE 1 DELETE 1 SITILE 2 SIRRET ADDRESS CITY-S1-ZIP 1 DELETE 1 SITILE 1 DELETE 1 SITILE 1 DELETE 2 SITILE 2 SIRRET ADDRESS CITY-S1-ZIP 1 SIRRET ADDRESS CITY-S1-ZIP 1 DELETE 3 SIRRET ADDRESS CITY-S1-ZIP 1 DELETE 4 SITILE 4 Change 4 Address (P.O. Box Numibor is Not Acceptable) Street Address (P.O. Box Numibor is Not Accept		 	_		у				s 199.032,
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SIGNATURE Signature, typed or primod name of registered agent and title if ay placete NoTe Registered Agent signature required when nerestating	or registere	ed agent, or both, in the State of Flori	da. Such change was aut	horized by the corp	porat	on's board	of directors. I hereby accept the appoint	pintment as register	ed agent. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		i, and accept the obligations of, Sect	iion oo7.0005, Florida Sta	tutes.					
12.	SIGNATURE _	Signature, typod or printed name of registered agent	and title if applicable	(NOTE: Registered Ago	nt sign	ature required s	when reinstating)	DATE	
NAME								ICERS AND DIREC	TORS IN 12
STREET ADDRESS 1820 NE 2ND STREET	TITLE	SD	☐ DELETE	1. 1 TITLE		1		☐ Chang	€ ☐ Addition
STREET ADDRESS 1820 NE 2ND STREET	NAME	MASSEY, MICHAEL D		1.2 NAME					
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NAME	TITLE		☐ DELETE	2 1 TITLE				☐ Chang	€ ☐ Addition
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14. I do hereby certify that the information symplicid with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes, I furth certify that the information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made uncertify that I am an officer or director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my nar	14. I do hereby	certify that the information sympling	with this filing is voluntarily	furnished and doc	es no	t qualify for	the exemption stated in Section 119.	07(3)(k), Florida Sta	tutes. I further

ent with an address.

NAME OF SIGNING OFFICER OR DIRECTOR