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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 ******

OCUMEN I Corporation Name	#	P9	60	00	044297	(5)
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SOUTHEAST TILL LOAN CO., XVII, INC. Principal Place of Business Mailing Address 8601 DUNWOODY PLACE 104 E. THIRD AVE. TALLAHASSEE FL 32303 SUITE 406 ATLANTA GA 30350-2550 3. Date Incorporated or Qualified 3a. Date of Last Report 05/23/1996 2. Principal Frace of Business 2a. Mailing Address Applied For 971 East Tennessee Not Applicable Shifte Ant # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Tallahassee , Florida Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.ó32, Florida Statutes Yes ☐ No 25 USA 24 32308 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONIGLIO, MICHAEL J C.T. Corporation System Street Address (P.O. Box Number is Not Acceptable) 104 E. THIRD AVE. 82 TALLAHASSEE FL 32303 1200 S. Pine Island Road 83 84 City Zip Code 33324 Plantation Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Florida Statutes. Pursuant to the provisions of Sections 6t office or rug stered agent, or both, in the agent it am familiar with, and cocepy the John J. Masters, Assistant Secretary **SIGNATURE** . Signature, typed er proted nam (NOTE: Registered Agent signature required when relnstating) RS AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)12. DELETE PSD ☐ Change ☐ Addition THLE 1.1 TITUE AYCOX, RODERICI **1.2 NAME** NAME 8601 DUNWOODY PLACE, STE. 406 STREET ALDRESS 1.3 STREET ADDRESS ATLANTA GA 30350 COTY - ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition THE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY: ST:20 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition 700.6 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY 51-2IF 3.4. CITY-ST-ZIP DELETE Change Addition 1003 4.1 TITLE MALT 4. 2 NAME STREET ALORESS 4.3 STREET ADDRESS 011Y-51-26 4.4 CITY - ST - ZIP DELETE Change Addition HILE 5.1 TITLE MAME 5.2 NAME 5.3 STREET ADDRESS STREET LADORESS 5.4 CITY - ST- ZIP CHY-\$1-20 DELETE Addition Change TIBLE 6.1 TITLE

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 un off eer or director of the corporation or the specific 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 given attachment with an address.

6.4 CITY - ST - ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

MAIME

STREET ADDRESS

SIGNATURE AND TYPED OR PANTER AAME OF SIGNAID OFFICER OR DIRECT

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

Daytime Phone #

FILED

Mar 11 1997 8:00am

Secretary of State