

3-11-97 B-2923 MC  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044299 (1)**

1. Corporation Name

**SOUTHEAST TITLE LOAN CO., XIX, INC.**

Principal Place of Business

**104 EAST THIRD AVENUE  
TALLAHASSEE FL 32303**

Mailing Address

**SUITE 406  
8601 DUNWOODY PLACE  
ATLANTA GA 30350-2550**



2. Principal Place of Business

21 **971 East Tennessee**

22 Suite, Apt #, etc.

23 City & State

**Tallahassee, FL**

24 Zip

**32308-6908**

Country

**U.S.A.**

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

**Tallahassee, FL**

28 Zip

**32308-6908**

Country

**U.S.A.**

3. Date Incorporated or Qualified

**05/23/1996**

3a. Date of Last Report

4. FEI Number

**58-3385326**

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

**CONIGLIO, MICHAEL J  
104 EAST THIRD AVENUE  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name  
**CT Corporation System**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

83

84 City  
**Plantation**

**FL**

85 Zip Code  
**32303**

11. Pursuant to the provisions of Sections 607.052 and 607.150, 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

**John J. Masters, Assistant Secretary**

12. OFFICERS AND DIRECTORS

TITLE **PSD**  
NAME **AYCOX, RODERICK**  
STREET ADDRESS **SUITE 406, 8601 DUNWOODY PLACE**  
CITY-ST-ZIP **ATLANTA GA 30350**

☐ DELETE

TITLE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 in an attachment with an address.

(770)552-9840

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roderick Aycox, Director 2/27/97**

Date

Daytime Phone #

CR2E034 (9/96)