

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 11 1997 8:00am  
Secretary of State

DOCUMENT # **P96000044301 (5)**

1. Corporation Name

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



Principal Place of Business

**104 EAST THIRD AVENUE  
TALLAHASSEE FL 32303**

Mailing Address

**SUITE 406  
8801 DUNWOODY PLACE  
ATLANTA GA 30350-2550**

3. Date Incorporated or Qualified

**05/23/1996**

3a. Date of Last Report

2. Principal Place of Business

**21 971 East Tennessee**

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23 Tallahassee, FL**

Zip

Country

**28**

Zip

Country

**24 32308-6908**

**25 U.S.A.**

**29**

Zip

**30**

Country

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 607.0502 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 agree to be bound by, Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSD	AYCOX, RODERICK	SUITE 406, 8801 DUNWOODY PLACE	ATLANTA FL 30350	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 from an attachment with an address.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ( )

CR2E034 (9/96)