

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 # **P96000055246 (8)**

1. Corporation Name

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

Principal Place of Business

**104 E. THIRD AVE.  
TALLAHASSEE FL 32303**

Mailing Address

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

3. Date Incorporated or Qualified

**06/28/1996**

3a. Date of Last Report

4. FEI Number

**58-2244873**

Applied For

Not Applicable

2. Principal Place of Business

**21 971 East Tennessee**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

City & State

**23 Tallahassee, Florida**

City & State

**28**

Zip

**32308**

Country

**25 USA**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**CONIGLIO, MICHAEL J  
104 E. THIRD AVE.  
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 S. Pine Island Road**

83

84 City

**Plantation**

**FL**

85

Zip Code

**33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, 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 acknowledge, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

**John J. Masters, Assistant Secretary**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSD  
AYCOX, RODERICK  
8601 DUNWOODY PLACE, STE. 406  
ATLANTA GA 30350**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

**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)