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 31 1997 8:00am
Secretary of State

DOCUMENT # P96000102432 (7)

1. Corporation Name
SOUTHERN FINANCIAL NETWORK, INC.

Principal Place of Business
502 NW 75TH ST., STE. 91
GAINESVILLE FL 32607

Mailing Address
502 NW 75TH ST., STE. 91
GAINESVILLE FL 32607-1676

3. Date Incorporated or Qualified: 12/15/1996
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3427397 ☑ 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
LANE, HENRY T SR.
502 NW 75TH ST., STE. 91
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE H. Thomas Lane Jr / Chm / CEO DATE 2/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Henry T. Lane	☐ Change ☑ Addition
1.2 NAME	Vic Chairman	
1.3 STREET ADDRESS	610 N.W. 34 Dr	
1.4 CITY-ST-ZIP	Gainesville, Fl 32605	
2.1 TITLE	Chairman / CEO	☐ Change ☑ Addition
2.2 NAME	H. Thomas Lane Jr	
2.3 STREET ADDRESS	8001 SW 30 Ave	
2.4 CITY-ST-ZIP	Gainesville Fl 32607	
3.1 TITLE	President	☐ Change ☑ Addition
3.2 NAME	Caroline G. Lane	
3.3 STREET ADDRESS	8001 SW 30 Ave	
3.4 CITY-ST-ZIP	Gainesville Fl 32607	
4.1 TITLE	Ex Vic Pres	☐ Change ☑ Addition
4.2 NAME	Walter P. Hunter III	
4.3 STREET ADDRESS	4406 N.W. 43rd Pl	
4.4 CITY-ST-ZIP	Gainesville, Fl 32606	
5.1 TITLE	V.P.	☐ Change ☑ Addition
5.2 NAME	R.L. Pisano, Jr	
5.3 STREET ADDRESS	1122 N.W. 22 Ave	
5.4 CITY-ST-ZIP	Gainesville Fl 32603	
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 on an attachment with an address.

SIGNATURE: H. Thomas Lane Jr H. Thomas Lane, Jr 2/12/97 (352) 332-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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