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**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90021 027 \*\*\*150.00

0393576

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000086688**

1. Corporation Name

**ACG FINANCIAL SERVICES (IMC), INC.**

Principal Place of Business

**13800 MONTFORT DR., SUITE 100  
DALLAS TX 75240**

Mailing Address

**5901 E. FOWLER AVENUE  
TAMPA FL 33617-2362**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/07/1997**

4. FEI Number

**58-2347217**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
SUITE 250  
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**\* Please see attached Annex A for a complete list of Officers & Directors.**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **EVPD**  
STREET ADDRESS **MIDDLETON, THOMAS G**  
CITY-ST-ZIP **5901 EAST FOWLER AVENUE  
TAMPA FL 33617-2362**

TITLE ☐ DELETE  
NAME **EVPD**  
STREET ADDRESS **NICHOLAS, GEORGE**  
CITY-ST-ZIP **5901 EAST FOWLER AVENUE  
TAMPA FL 33617-2362**

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **MARVIN, STUART D**  
CITY-ST-ZIP **5901 EAST FOWLER AVENUE  
TAMPA FL 33617-2362**

TITLE ☐ DELETE  
NAME **PCEO**  
STREET ADDRESS **PETREE, MICHAEL S**  
CITY-ST-ZIP **13800 MONTFORT DR., SUITE 100  
DALLAS TX 75240**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **SISSON, JOHN R**  
CITY-ST-ZIP **13800 MONTFORT DR., SUITE 100  
DALLAS TX 75240**

TITLE ☐ DELETE  
NAME **SVP**  
STREET ADDRESS **THOMAS, G. TRENT**  
CITY-ST-ZIP **13800 MONTFORT DR., SUITE 100  
DALLAS TX 75240**

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Laurie S. Williams, Vice President, 3/17/99, (813) 984-8801**

Date

Daytime Phone #

CR2E034 (1/98)

## Annex A

275604-90021-27  
P97000086688

Company Officer	Title	Title	Business Address
ACG Financial Services (IMC), Inc.			
Michael S. Petree	President	Director	13800 Montfort Dr., Ste#100 Dallas, TX 75240
Thomas G. Middleton	Executive Vice President	Chairman of the Board	5901 East Fowler Ave., Tampa, FL 33617-2362
George Nicholas	Executive Vice President	Director	5901 East Fowler Ave., Tampa, FL 33617-2362
John R. Sisson	Executive Vice President	Director	13800 Montfort Dr., Ste# 100 Dallas, TX 75240
Stuart D. Marvin	Treasurer	Director	5901 East Fowler Ave., Tampa, FL 33617-2362
G. Trent Thomas	Senior Vice President		13800 Montfort Dr., Ste# 100 Dallas, TX 75240
Laurie S. Williams	Vice President	Secretary	5901 East Fowler Ave., Tampa, FL 33617-2362
Janet M. Morton	Vice President		13800 Montfort Dr., Ste# 100 Dallas, TX 75240
Susan W. McCarthy	Vice President		1301 Virginia Drive, Suite 110, Ft. Washington, PA 19034