

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 114204 (1)

1. Corporation Name

BISBEE-BALDWIN MORTGAGE COMPANY

Principal Place of Business

341 W FORSYTH ST
JACKSONVILLE FL 32202

Mailing Address

341 W FORSYTH ST
JACKSONVILLE FL 32202



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
05/13/1927

3a. Date of Last Report
04/25/1995

4. FEI Number
59-0165000

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

LANGLEY, RONALD L.
341 W.FORSYTH ST.
JACKSONVILLE FL 32202

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 after this application

NOTE: Registered Agent signature is not required when registering.

Date

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME LANGLEY, RONALD L.
STREET ADDRESS 341 W FORSYTH ST
CITY- ST- ZIP JACKSONVILLE, FL 0 ☐ DELETE

TITLE S
NAME SEROKEE, BARBARA L
STREET ADDRESS 341 W FORSYTH ST
CITY- ST- ZIP JACKSONVILLE, FL 0 ☐ DELETE

TITLE VT
NAME MOZO, TURNER L
STREET ADDRESS 341 W FORSYTH ST
CITY- ST- ZIP JACKSONVILLE, FL 0 ☒ DELETE

TITLE VD
NAME KRUEGER, CHARLES
STREET ADDRESS 341 W FORSYTH ST
CITY- ST- ZIP JACKSONVILLE, FL 0 ☒ DELETE

TITLE P
NAME GALLOP, MARSHALL
STREET ADDRESS 341 W.FORSYTH ST.
CITY- ST- ZIP JACKSONVILLE FL ☐ DELETE

TITLE AVP
NAME CHISHOLM, MICHELLE
STREET ADDRESS 341 W. FORSYTH ST.
CITY- ST- ZIP JACKSONVILLE FL ☒ DELETE

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 V/T/AS
3.2 NAME Bender, Joan B.
3.3 STREET ADDRESS 341 W. Forsyth St.
3.4 CITY- ST- ZIP Jacksonville, FL 32202 ☐ Change ☒ Addition

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 AS
6.2 NAME Snow, Evelyn S.
6.3 STREET ADDRESS 341 W. Forsyth St.
6.4 CITY- ST- ZIP Jacksonville, FL 32202 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Langley, Director

4-19-96

904-353-6411

CR2E034 (12/95)