Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90023 008 \*\*\*758.75

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 114204**

1. Corporation Name

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

BISBEE-BALDWIN MORTGAGE COMPANY

Principal Place of Business Mailing Address						1.55.0			**********		
341 W FORSYT		341 W FORSYTH ST									
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202						1	DO NOT WRITE IN THIS SPACE				
						3. Date Incorpo	rated or Qualifed				
						05/13/192	7				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number				plied For	
21		26			59-01650	00		No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional	
22		27				5. Certifcate of	Status Desired		Fee Re	equired	
City & Stat	e	City & State				6. Election Car	npaign Financing		\$5.00	May Be	
23		28				Trust Fund C	Contribution		Added t		
Zip	Country	Zip	Coun	ntry		8. This corpora	tion owes the curr	ent year Int	angible	v	
24	25	29 3	30			Personal Pro	• •		☐ Yes	X No	
	9. Name and Address of Currer	it Registered Agent				18. Name and	Address of New F	Registered	Agent		
				81	Name						
LANGLEY, RONALD L.				82	Street Address (P.O. Box Number is Not Acceptable)						
341 W.FORSYTH ST.											
JACKSONVILLE FL 32202				83							
			}	84	City	<del>_</del>			85 Zip (	Code	
					City			FL	.		
i office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	of Florida. Such change was autitions of, Section 607.0505, Florid	thonzed da Statui	by tr tes.	ne corpor	ation's board of directo	ors. I hereby accep	of the appoi	ntment as re	gistered	
12.		ID DIRECTORS	13.			ADDITIONS/G	CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	CDV	☐ DELETE	1.1 T/TL	LΕ	F	DC			Change	Addition	
NAME	LANGLEY, RONALD L		1.2 NAME		ľ						
STREET ADDRESS	341 W FORSYTH ST		1.3 STRES		DORESS						
CITY-ST-ZIP	JACKSONVILLE, FL 0		14 CITY-		ZIP						
TITLE	S	☐ DELETE	2.1 TITLE		1	/S			Change	☐ Addition	
NAME	SEROKEE, BARBARA L		2.2 NAME		[.	_					
STREET ADDRESS	341 W FORSYTH ST		2.3 STRE		ODRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 0		2. 4 CITY		ZIP						
ππε	VTAS	☐ DELETE	3.1 TITLE		F	VTAS			(X) Change	☐ Addition	
NAME	BENDER, JOAN B		3.2 NAME		ľ						
STREET ADDRESS	341 W. FORSYTH ST		3.3 STREE		DORESS				ļ		
CITY-ST-ZIP	JACKSONVILLE, FL 0		3.4. CIT		ZIP						
TITLE	AS	☐ DELETE	4.1 TITLE						☐ Change	☐ Addition	
NAME	SNOW, EVELYN S.		4. 2 NA	ME							
STREET ADDRESS	341 W. FORSYTH ST		4,3 STR	REETA	ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CIT								
TITLE		☐ DELETE	51 TITL		$\overline{}$				☐ Change	☐ Addition	

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 charged, or of an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

R. Langley, President 4/1/99 904-353-6411 SIGNATURE:

☐ DELETE

Change

☐ Addition