

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 258024 (9)  
1. Corporation Name  
SERVICE MORTGAGE AND INSURANCE AGENCY, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
4655 SALISBURY RD JACKSONVILLE FL 32256-0957 US		P.O. BOX 11007 BIRMINGHAM AL 35288 US		04/16/1962	08/14/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1056724	Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24 Country	29 Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, MALCOLM, JR. C/O FLORIDABANK, FSB 4655 SALISBURY RD JACKSONVILLE FL 32256				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83	700001807297 -05/03/96--01086--014		
				84 City	***200.00	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1 1 TITLE	P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, NORMAN J.	12 NAME	Kerry Charlet
STREET ADDRESS	4655 SALISBURY RD	13 STREET ADDRESS	100 North Tampa street, Suite 3400
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Tampa, FL 33602
TITLE	PSD <input checked="" type="checkbox"/> DELETE	2 1 TITLE	V.P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, MALCOLM J	22 NAME	J. Stewart Baker
STREET ADDRESS	4655 SALISBURY RD	23 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Birmingham, AL 35288
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Lynda Kern
STREET ADDRESS		33 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP		34 CITY-ST-ZIP	Birmingham, AL 35288
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Dennis Dill
STREET ADDRESS		43 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP		44 CITY-ST-ZIP	Birmingham, AL 35288
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	Asst. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Robert Smith
STREET ADDRESS		53 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP		54 CITY-ST-ZIP	Birmingham, AL 35288
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	William Caughran
STREET ADDRESS		63 STREET ADDRESS	1901 6th Ave North
CITY-ST-ZIP		64 CITY-ST-ZIP	Birmingham, AL 35288

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)(k), 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: Lynda A. Kern Date: 4/25/96 Daytime Phone #: 205-320-7149

CR2E034 (12/95)