

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

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**Sep 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 258024 (9)
 1. Corporation Name
SERVICE MORTGAGE AND INSURANCE AGENCY, INC.

Principal Place of Business 4655 SALISBURY RD JACKSONVILLE, FL 32256-0958 US	Mailing Address P.O. BOX 11007 BIRMINGHAM, AL 35288 US
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3. Date Incorporated or Qualified 04/16/1962	3a. Date of Last Report 05/1/1996
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2. Principal Place of Business 51 WEST BAY STREET	2b. Mailing Address P.O. BOX 11007/LAW DEPT
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State JACKSONVILLE, FL	27. City & State BIRMINGHAM, AL
23. Zip 32202	28. Country US
24. Zip 32202	25. Country US
29. Zip 35288	30. Country US

4. FEI Number 59-1056724	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JONES, MALCOLM, JR.
 c/o FLORIDABANK, FSB
 4655 SALISBURY RD
 JACKSONVILLE, FL 32256**

10. Name and Address of New Registered Agent

81 Name J. STEWART BAKER, III
82 Street Address (P.O. Box Number is Not Acceptable) 51 WEST BAY STREET
83
84 City JACKSONVILLE, FL
85 Zip Code 32202

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: *J. Stewart Baker, III* DATE: **September 2, 1997**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME CHARLET, KERRY	DELETED
STREET ADDRESS 100 NORTH TAMPA STREET SUITE 3400	CITY-ST-ZIP TAMPA, FL 33602	
TITLE VPD	NAME BAKER, STEWART J.	DELETED
STREET ADDRESS 1901 6TH AVE N	CITY-ST-ZIP BIRMINGHAM, AL 35203	
TITLE T	NAME LYNDA KERN	DELETED
STREET ADDRESS 1901 6TH AVE N	CITY-ST-ZIP BIRMINGHAM, AL 35203	
TITLE D	NAME DILL, DENNIS	DELETED
STREET ADDRESS 1901 6TH AVE N	CITY-ST-ZIP BIRMINGHAM, AL 35203	
TITLE S	NAME CAUGHRAN, WILLIAM	DELETED
STREET ADDRESS 1901 6TH AVE N	CITY-ST-ZIP BIRMINGHAM, AL 35203	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	

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 V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME BAKER, III, J. STEWART		
2.3 STREET ADDRESS 51 WEST BAY STREET		
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32202		
3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME FOX, SARA H.		
4.3 STREET ADDRESS 1901 6TH AVENUE NORTH		
4.4 CITY-ST-ZIP BIRMINGHAM, AL 35203		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *William Caughran* DATE: **September 3, 1997** 205-326-4940

CP2E034 (9/96)

RAW 9-10-97