

**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 # **527908 (8)**  
1. Corporation Name  
**ALLIANCE MORTGAGE COMPANY**



Principal Place of Business: **4500 SALISBURY RD. P.O. BOX 40766 JACKSONVILLE FL 32216-0900**  
Mailing Address: **4500 SALISBURY RD. P.O. BOX 40766 JACKSONVILLE FL 32216-0900**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/11/1977**  
3a. Date of Last Report: **05/01/1995**  
4. FFI Number: **59-1724879**  
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  
**ARMSBY, SYLVIA  
4500 SALISBURY ROAD  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0509 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]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  

TITLE	PCED	<input type="checkbox"/> DELETE
NAME	MEEKS, GARY	
STREET ADDRESS	4500 SALISBURY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEEKS, GARY A	
STREET ADDRESS	4500 SALISBURY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, DAVID M	
STREET ADDRESS	4500 SALISBURY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	TROUT, RALPH W	
STREET ADDRESS	4500 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	COB	<input checked="" type="checkbox"/> DELETE
NAME	NEWTON, RUSSELL B	
STREET ADDRESS	4500 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	CLEMENTS, ROBERT M	
STREET ADDRESS	4500 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  

11 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID C. ENNIS	
13 STREET ADDRESS	4500 SALISBURY ROAD	
14 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
21 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	MICHAEL C. KOSTER	
23 STREET ADDRESS	4500 SALISBURY ROAD	
24 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
31 TITLE	STVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DANIEL J. STEPHENS	
33 STREET ADDRESS	4500 SALISBURY ROAD	
34 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	000001822660	
53 STREET ADDRESS	-05/15/96--01069--010	
54 CITY-ST-ZIP	***200.00	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *[Signature]* DATE: **4-25-96** TELEPHONE: **904-281-6048**

CP2E034 (12/95)