

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F81160

(6)

1. Corporation Name

FLEET MORTGAGE BROKERS, INC.

Principal Place of Business

Mailing Address

**30 PERIMETER PARK
ATLANTA GA 30341**

**30 PERIMETER PARK
ATLANTA GA 30341**

**APPROVED
AND
FILED**

95 APR 14 AM 9:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**100001457421
-04/17/95--01001--004
***200.00 ***200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/13/1982

3a. Date of Last Report
03/08/1994

4. FEI Number
59-2189745

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 and fee 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **OWENS, ROBERT HAROLD**
STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
CITY - ST - ZIP **ATLANTA GA**

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **JOHN S. POELKER**
1.3 STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
1.4 CITY - ST - ZIP **ATLANTA, GA 30346**

TITLE **V**
NAME **SCRUGGS, B. DAVID**
STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
CITY - ST - ZIP **ATLANTA GA**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **P. EMERY COVINGTON**
2.3 STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
2.4 CITY - ST - ZIP **ATLANTA, GA 30346**

TITLE **V**
NAME **MOORE, SHARON Y.**
STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
CITY - ST - ZIP **ATLANTA GA**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **KATHLEEN M. IRELAND**
3.3 STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
3.4 CITY - ST - ZIP **ATLANTA, GA 30346**

TITLE **SD**
NAME **STANFORTH, JOHN B.**
STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
CITY - ST - ZIP **ATLANTA GA**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME **THERESE G. FRANZEN**
4.3 STREET ADDRESS **211 PERIMETER CENTER PKWY, SUITE 800**
4.4 CITY - ST - ZIP **ATLANTA, GA 30346**

TITLE **V**
NAME **BRADLEY, ELEANOR**
STREET ADDRESS **801 N. MAGNOLIA AVE.**
CITY - ST - ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 amendment with an address.

SIGNATURE: John S. Poelker **JOHN S. POELKER**

4/10/95

404-392-2440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #