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

APPROVED AND FILED

95 APR -6 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002619 (5)**

1. Corporation Name

APPROVED RESIDENTIAL MORTGAGE, INC.

Principal Place of Business
P.O. BOX 2179
VIRGINIA BEACH VA 23450

Mailing Address
P.O. BOX 2179
VIRGINIA BEACH VA 23450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1993**
3a. Date of Last Report: **06/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **54-1664826** — 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title if agent is a corporation) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WYKLE, ALLEN D	12 NAME	
STREET ADDRESS	2820 EAST LAKE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	VIRGINIA BEACH VA 23451	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	PETERS, POWEL M	22 NAME	
STREET ADDRESS	1716-S BIRCH TRAIL CIR.	23 STREET ADDRESS	
CITY ST ZIP	CHESAPEAKE VA 23320	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	JOYNER, E. MICHAEL	32 NAME	Delete
STREET ADDRESS	12612 TIMBARGROVE RD.	33 STREET ADDRESS	
CITY ST ZIP	REGISTERTOWN MD 31136	34 CITY ST ZIP	
TITLE	~~Vice President~~	41 TITLE	Vice President ☐ Change ☒ Addition
NAME		42 NAME	Neil Phelan
STREET ADDRESS		43 STREET ADDRESS	3420 Holland Road, Suite 107
CITY ST ZIP		44 CITY ST ZIP	Virginia Beach, Virginia 23452
TITLE		51 TITLE	Secretary ☐ Change ☒ Addition
NAME		52 NAME	Stanley W. Broughton
STREET ADDRESS		53 STREET ADDRESS	1445 Goose Landing
CITY ST ZIP		54 CITY ST ZIP	Virginia Beach, Virginia 23451
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: M. Powell Peters, M. Powell Peters, Treasurer 3-29-95 804-430-1500
SIGNATURE AND TYPED OR PRINTED NAME OF MGRING OFFICER OR DIRECTOR Date Daytime Phone #

COMPANY FN