

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

2007-1 AM 10:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000004338 (0)**

1. Corporation Name:

**INDUSTRY MORTGAGE CORPORATION**

Principal Place of Business

Mailing Address

3450 W. BUSCH BOULEVARD, SUITE 250  
TAMPA FL 33618

3450 W. BUSCH BOULEVARD, SUITE 250  
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1993

3a. Date of Last Report

01/25/1994

4. FEI Number

59-3193440

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

21 3450 Buschwood Park Dr.

2a. Mailing Address

26 3450 Buschwood Park Dr.

Suite, Apt. #, etc.

22 Suite 250

Suite, Apt. #, etc.

27 Suite 250

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33618

Country

USA

Zip

29 33618

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
% C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 the address)

Date (Registered Agent signature required when necessary)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	NICHOLAS, GEORGE
STREET ADDRESS	3450 W. BUSCH BOULEVARD, SUITE 250
CITY, ST, ZIP	TAMPA FL
TITLE	COO
NAME	MIDDLETON, TOM
STREET ADDRESS	3450 W. BUSCH BLVD., SUITE 250
CITY, ST, ZIP	TAMPA FL
TITLE	V
NAME	GRIFFIN, TIM
STREET ADDRESS	3450 W. BUSCH BLVD., SUITE 250
CITY, ST, ZIP	TAMPA FL
TITLE	V
NAME	BLAIR, PHYLLIS
STREET ADDRESS	3450 W. BUSCH BLVD., SUITE 250
CITY, ST, ZIP	TAMPA FL
TITLE	V
NAME	MCCARTHY, SUSAN
STREET ADDRESS	501 OFFICE CENTER DRIVE, SUITE 450
CITY, ST, ZIP	FT. WASHINGTON PA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Loan Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Diana Reilly	
3. STREET ADDRESS	501 Office Center Dr., Suite 450	
4. CITY, ST, ZIP	Ft. Washington, PA 19034	
5. TITLE	Loan Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Debra Steinberg	
7. STREET ADDRESS	501 Office Center Dr., Suite 450	
8. CITY, ST, ZIP	Ft. Washington, PA 19034	
9. TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	George Freeman	
11. STREET ADDRESS	3450 Buschwood Park Dr., Suite 450	
12. CITY, ST, ZIP	Tampa, FL 33618	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this book is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information included 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, changed, or on an attachment with an address.

SIGNATURE:

*George Nicholas*

George Nicholas, CEO

4/25/95

(813) 932-2211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number