

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J43591 (3)
1. Corporation Name
HOME MORTGAGE OF NORTH FLORIDA, INC.

Principal Place of Business

% JAMES W. AYERS
2712 APALACHEE PKWY.
TALLAHASSEE FL 32301

Mailing Address

% JAMES W. AYERS
2712 APALACHEE PKWY.
TALLAHASSEE FL 32301-3636

FILED
97 APR 30 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MWB

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

AYERS, JAMES W.
3955 BOTHWELL TER.
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified

11/21/1986

3a. Date of Last Report

06/11/1996

4. FEI Number

59-2758408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

5237 High Colony Dr.

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME
AYERS, JAMES W.
STREET ADDRESS
3955 BOTHWELL TER.
CITY-ST-ZIP
TALLAHASSEE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
5237 High Colony Dr.

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

S
NAME
AYERS, CARMEN M.
STREET ADDRESS
3955 BOTHWELL TER.
CITY-ST-ZIP
TALLAHASSEE FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
5237 High Colony Dr.

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
200002164672-2
-05/02/97--01146--006
****165.00 ****165.00

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

JAMES W. AYERS

4-29-97

904 656-4055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)