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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:02

DOCUMENT # K44373 (4)

1. Corporation Name
SHORETTE MORTGAGE, INC.

Principal Place of Business	Mailing Address
333-6TH STREET S.W. WINTER HAVEN FL 33880	333-6TH STREET S.W. WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/09/1988
3a. Date of Last Report: 03/10/1994

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: 59-2919716 ☐ 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

SHORETTE, CHARMAGNE E.
1001 LAKE JESSIE DRIVE
WINTER HAVEN FL 33881

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 of previous registered agent if changing) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
011	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	SHORETTE, MICHAEL C.	1.2 NAME	
STREET ADDRESS	1001 LAKE JESSIE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
012	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SHORETTE, CHARMAGNE	2.2 NAME	
STREET ADDRESS	1001 LAKE JESSIE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
013	V	3.1 TITLE	xx Change ☐ Addition
NAME	PURVIS, DORIS DELANE	3.2 NAME	
STREET ADDRESS	1721 SANDLEWOOD CIR	3.3 STREET ADDRESS	Delete
CITY-ST-ZIP	WINTER HAVEN FL 33880	3.4 CITY-ST-ZIP	
014		4.1 TITLE	☐ Change xx Addition
NAME		4.2 NAME	Assistant Vice President
STREET ADDRESS		4.3 STREET ADDRESS	Lori Covey
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4445 16th St. NE Winter Haven, Fl 33881
015		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
016		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Charmagne E. Shorette 2-8-95 813-293-6669
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #