

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53646** (1)
1. Corporation Name
EQUIFUND MORTGAGE CORPORATION

Principal Place of Business Mailing Address
C/O 1 TANKER TURN ROAD **C/O 1 TANKER TURN ROAD**
P. O. BOX 862 **P. O. BOX 862**
CAPE CANAVERAL FL 32920 **CAPE CANAVERAL FL 32920**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/27/1988** 3a. Date of Last Report **01/24/1994**
4. FEI Number **65-0091083** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
HOLCOMB, CHARLES M.
9 MAGNOLIA STREET
COCOA FL 32922

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
S **LULEY, CYRUS**
1617 BAYSHORE DR.
COCOA BEACH FL
PO **BLACKWOOD, LLOYD C.**
6010 BRIGHT AVENUE
COCOA FL
TD **LULEY, CYRUS**
1617 BAYSHORE DRIVE
COCOA BEACH FL
VP **BLACKWOOD, JANE**
6010 BRIGHT AVE
COCOA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
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 110.07(2)(b), 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, 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.
407-799-5555

SIGNATURE: *Lloyd C. Blackwood* **Lloyd C. Blackwood, President** 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print Name)