

**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 APR 14 PM 4:20

DOCUMENT # 205337 (9)  
1. Corporation Name  
ST. LUCIE MORTGAGE COMPANY

Principal Place of Business Mailing Address  
1216 YORK AVENUE 1216 YORK AVENUE  
FT. PIERCE FL 34982 FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/23/1957 3a. Date of Last Report 03/24/1994  
4. FEI Number 05-9080794 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

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

*same as above*

9. Name and Address of Current Registered Agent  
NOURSE, PHILIP G.  
1216 YORK AVE.  
FORT PIERCE FL 33450

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and the if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOURSE, JIMMIE V.	1 2 NAME	
STREET ADDRESS	1216 YORK AVE.	1 3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	1 4 CITY - ST - ZIP	
TITLE	TD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOURSE, JIMMIE A.	2 2 NAME	
STREET ADDRESS	1216 YORK AVENUE	2 3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	2 4 CITY - ST - ZIP	
TITLE	VD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE, LEVAN	3 2 NAME	
STREET ADDRESS	2821 S. IND. RIVER DR.	3 3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3 4 CITY - ST - ZIP	
TITLE	PD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOURSE, PHILIP G.	4 2 NAME	
STREET ADDRESS	1216 YORK AVENUE	4 3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or an attachment with an address.

SIGNATURE: *Philip G. Nourse* *Pres* 3/14/95 461-2059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR