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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000045740 (3)**

1. Corporation Name:

FAMILY MORTGAGE, INC.

Principal Place of Business

**111 DUNES EDGE RD
JUPITER FL 33477**

Mailing Address

**111 DUNES EDGE RD
JUPITER FL 33477-9608**

3. Date Incorporated or Qualified

05/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 **14255 U.S. Hwy One**

2a. Mailing Address

26 **same**

4. FEI Number

65-0662239

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **239**

Suite, Apt. #, etc.

27 **same**

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

City & State

23 **Juno Beach, Florida**

City & State

28 **same**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

24 **33408**

Country

25 **Palm Beach**

Zip

29 **same**

Country

30 **same**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MCDONOUGH, R. F. JR
111 DUNES EDGE RD
JUPITER FL 33477**

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPVT
MCDONOUGH, R. F. JR**
STREET ADDRESS **111 DUNES EDGE RD**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ DELETE

NAME **S
MCDONOUGH, R. F. JR**
STREET ADDRESS **111 DUNES EDGE RD**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ DELETE

NAME **T
McDONOUGH, Rita A.**
STREET ADDRESS **111 Dunes Edge Rd.**
CITY-ST-ZIP **Jupiter, FL 33477**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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:

R.F. McDonough, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 1-7-96

561-625-2660

Date

Daytime Phone #

CR2E034 (9/96)