


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

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May 19, 1999 8:00 am
Secretary of State

05-19-1999 90006 004 ***900.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 258024

1. Corporation Name

SERVICE MORTGAGE AND INSURANCE AGENCY, INC.



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| Principal Place of Business 51 WEST BAY STREET JACKSONVILLE FL 32202 US | Mailing Address P.O. BOX 11007 LAW DEPT. BIRMINGHAM AL 35288 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 |
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| 3. Date Incorporated or Qualified 04/16/1962 | 4. FEI Number 59-1056724 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

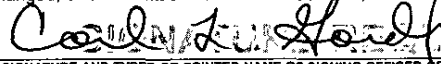
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| 9. Name and Address of Current Registered Agent BAKER, STEWART J 51 WEST BAY STREET JACKSONVILLE FL 32202 | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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| 10. Name and Address of New Registered Agent |
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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.

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|---|---|
| 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 PD NAME KENDALL, VALERIE L STREET ADDRESS 100 NORTH TAMPA STREET, SUITE 3400 CITY-ST-ZIP TAMPA FL 33602 TITLE VPD NAME BAKER, STEWART J STREET ADDRESS 51 WEST BAY STREET CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE T NAME KERN, LYNDIA STREET ADDRESS 1901 6TH AVE. N. CITY-ST-ZIP BIRMINGHAM AL 35203 TITLE D NAME FOX, SARA H STREET ADDRESS 1901 6TH AVENUE NORTH CITY-ST-ZIP BIRMINGHAM AL 35203 TITLE S NAME CAUGHRAN, WILLIAM STREET ADDRESS 1901 6TH AVE. N. CITY-ST-ZIP BIRMINGHAM AL 35203 TITLE NAME STREET ADDRESS CITY-ST-ZIP | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |

14. I 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, with all other like empowered.

SIGNATURE:  4/29/99 205/326/4940 5183

CR2E034 (11/98)