

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 231500**

**(0)**

1. Corporation Name

**IBIS MORTGAGE CORP.**

Principal Place of Business

**2303 N. FEDERAL HIGHWAY  
SUITE 11  
FT. PIERCE FL 34946  
US**

Mailing Address

**P.O. BOX 1388  
FT. PIERCE FL 34954**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/28/1959**

3a. Date of Last Report  
**04/08/1994**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

4. FEI Number  
**59-2823506**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

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

City & State

**23**

City & State

**28**

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

Zip

**24**

Country

**25**

Zip

**29**

Country

**30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVIN, LEON  
8603 S. DIXIE HWY.  
STE. 302  
MIAMI FL 33143**

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

*Raymond E. Ferris*

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                                        |
|-----------------|----------------------------------------|
| TITLE           | <b>D</b>                               |
| NAME            | <b>HALEY, LINDA J.</b>                 |
| STREET ADDRESS  | <b>2850 HUNTERS POND LANE</b>          |
| CITY - ST - ZIP | <b>SNELLVILLE GA</b>                   |
| TITLE           | <b>PS</b>                              |
| NAME            | <b>FERRIS, ANITA J.</b>                |
| STREET ADDRESS  | <b>2505 TAMARIND DR. D</b>             |
| CITY - ST - ZIP | <b>FORT PIERCE FL</b>                  |
| TITLE           | <b>V</b>                               |
| NAME            | <b>FERRIS, RAYMOND E.</b>              |
| STREET ADDRESS  | <b>2303 N. FEDERAL HIGHWAY STE. 11</b> |
| CITY - ST - ZIP | <b>FT. PIERCE FL</b>                   |
| TITLE           |                                        |
| NAME            |                                        |
| STREET ADDRESS  |                                        |
| CITY - ST - ZIP |                                        |
| TITLE           |                                        |
| NAME            |                                        |
| STREET ADDRESS  |                                        |
| CITY - ST - ZIP |                                        |
| TITLE           |                                        |
| NAME            |                                        |
| STREET ADDRESS  |                                        |
| CITY - ST - ZIP |                                        |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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(3)(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 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:

*Raymond E. Ferris*

**RAYMOND E. FERRIS**

**VICAR PRESIDENT**

**APRIL 25, 1995 407 416-4749**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)