

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 258024 (9)

1. Corporation Name

SERVICE MORTGAGE AND INSURANCE AGENCY, INC.



Principal Place of Business

Mailing Address

4655 SALISBURY RD
JACKSONVILLE FL 32256-0957
US

P.O. BOX 11007
BIRMINGHAM AL 35288
US

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

30 Country

3. Date Incorporated or Qualified

04/16/1962

3a. Date of Last Report

08/14/1995

4. FEI Number

59-1056724

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, MALCOLM, JR.
C/O FLORIDABANK, FSB
4655 SALISBURY RD
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 700001807297
-05/03/96--01086--014

84 City

***200.00

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	CD	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, NORMAN J.	
STREET ADDRESS	4655 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, MALCOLM J	
STREET ADDRESS	4655 SALISBURY RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Kerry Charlet	
13 STREET ADDRESS	100 North Tampa street, Suite 3400	
14 CITY-ST-ZIP	Tampa, FL 33602	
21 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	J. Stewart Baker	
23 STREET ADDRESS	1901 6th Ave North	
24 CITY-ST-ZIP	Birmingham, AL 35288	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Lynda Kern	
33 STREET ADDRESS	1901 6th Ave North	
34 CITY-ST-ZIP	Birmingham, AL 35288	
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Dennis Dill	
43 STREET ADDRESS	1901 6th Ave North	
44 CITY-ST-ZIP	Birmingham, AL 35288	
51 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Robert Smith	
53 STREET ADDRESS	1901 6th Ave North	
54 CITY-ST-ZIP	Birmingham, AL 35288	
61 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	William Caughran	
63 STREET ADDRESS	1901 6th Ave North	
64 CITY-ST-ZIP	Birmingham, AL 35288	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/96 205-320-7149

CR2E034 (12/95)