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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 258024 (9)

1. Corporation Name
SERVICE MORTGAGE AND INSURANCE AGENCY, INC.



Principal Place of Business: **51 WEST BAY STREET JACKSONVILLE FL 32202 US**

Mailing Address: **P.O. BOX 11007 LAW DEPT. BIRMINGHAM AL 35288 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	04/16/1962	59-1056724	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28			
Zip	Zip			
24	29			
Country	Country			
25	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New 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
	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D
NAME	CHARLET, KERRY	12 NAME	KENDALL, VALERIE L.
STREET ADDRESS	100 N TAMPA ST. STE 3400	13 STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3400
CITY-ST-ZIP	TAMPA FL 33602	14 CITY-ST-ZIP	TAMPA, FLORIDA 33602
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VPD	2.2 NAME	
NAME	BAKER, STEWART J	2.3 STREET ADDRESS	
STREET ADDRESS	51 WEST BAY STREET	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32202		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.1 TITLE	
TITLE	T	3.2 NAME	
NAME	KERN, LYNDA	3.3 STREET ADDRESS	
STREET ADDRESS	1901 6TH AVE. N.	3.4 CITY-ST-ZIP	
CITY-ST-ZIP	BIRMINGHAM AL 35203		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.1 TITLE	
TITLE	D	4.2 NAME	
NAME	FOX, SARA H	4.3 STREET ADDRESS	
STREET ADDRESS	1901 6TH AVENUE NORTH	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	BIRMINGHAM AL 35203		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE	S	5.2 NAME	
NAME	CAUGHRAN, WILLIAM	5.3 STREET ADDRESS	
STREET ADDRESS	1901 6TH AVE. N.	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	BIRMINGHAM AL 35203		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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.

SIGNATURE **WILLIAM H. CAUGHRAN, JR. SECRETARY** 205-326-4940

CR2E034 (10/97)