


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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90006 004 ***900.00

0522409

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 258024

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
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip [] Country	28 [] Zip [] Country
24 [] 25 []	29 [] 30 []

3. Date Incorporated or Qualified 04/16/1962	
4. FEI Number 59-1056724	Applied For <input type="checkbox"/> 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

9. Name and Address of Current Registered Agent

BAKER, STEWART J
51 WEST BAY STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KENDALL, VALERIE L	
STREET ADDRESS	100 NORTH TAMPA STREET, SUITE 3400	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAKER, STEWART J	
STREET ADDRESS	51 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KERN, LYNDA	
STREET ADDRESS	1901 6TH AVE. N.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOX, SARA H	
STREET ADDRESS	1901 6TH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAUGHRAN, WILLIAM	
STREET ADDRESS	1901 6TH AVE. N.	
CITY-ST-ZIP	BIRMINGHAM AL 35203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
5.2 NAME	S GORDAY, CARL L.
5.3 STREET ADDRESS	1901 6TH AVENUE NORTH, STE 920
5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35203
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 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: *Carol K. Harris* Date: 4/29/99 Daytime Phone #: 205/326/4940 **5183**

CR2E034 (11/98)