

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90352 001 ***450.00

DOCUMENT # 258024
 1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1056724	Applied For Not Applicable
Zip	Country	Zip	Country

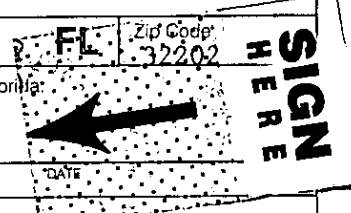


DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BAKER, STEWART J
 51 WEST BAY STREET
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 Name **LANAHAN, MARTHA T.**
 Street Address (P.O. Box Number is Not Acceptable)
51 WEST BAY STREET
 City **JACKSONVILLE**
 Zip Code **FL 32202**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE Martha T. Lanahan
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALMAD, SUE 100 NORTH TAMPA STREET, SUITE 3400 TAMPA, FL 33602 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl L. Gorday / Carl L. Gorday 4/26/01 205-326-5183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)