FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90025 025 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUI  1. Corporation	MENT # 291171						
	MORTGAGE COMPANY, INC	•					
Principal Place	e of Business	Mailing Address			19t ilot 01011 019	IE DEBEN DIBIN DI	
•	FF AVE., SUITE 103	1111 WOODRUFF AVE., SUIT	E 103				
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205							
US				DO NOT WRI	E IN THIS S	PACE	
				3. Date Incorporated or Qualifed 03/23/1965			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	•	App	olied For
21		26		<u>59-1114840</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75 A	
22		27				Fee Rec	<del>`</del>
City & State	е	City & State		6. Election Campaign Financing		\$5.00 i Added to	
23	Country	28	Country	Trust Fund Contribution			J F665
Zip		29 3	¬ '	<ol><li>This corporation owes the curr Personal Property Tax.</li></ol>		igible ∐Yes '	No
24]	9. Name and Address of Current		1	10. Name and Address of New I			
	or maine and readings or warren		81 Name				
HOR	INE, THOMAS A		00 00	(D.O. Bay Number in Not Assent	-blo1		
2675 HOLLY POINT RD EAST			82 Street Add	ress (P.O. Box Number is Not Accepta	apie)		
ORA	NGE PARK FL 32073		83				
					_	85 Zip C	`odo
			84 City		FL	85   Zip C	
	to the provisions of Costions CO7 OEOC	Daniel COZ 1500 Florida Statutos	the above-named com	noration submits this statement for the	numose of c	hanging its i	registered
agent. I a	to the provisions of sections of 1992 egistered agent, or both, in the State of m familiar with, and accept the obligation	z and 607.1506, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by the corporation Statutes.	poration submits this statement for the ion's board of directors. I hereby accept	ot the appoint	ment as reg	gistered
11. Pursuant office or r agent, I a SIGNATURE	to the provisions of sections of vice gistered agent, or both, in the State of m familiar with, and accept the obligations of sections of	lions of, Section 607.0303, Florid	horized by the corporation of the statutes.  Telephored Agent signature requires		DATE	ment as reg	gistered
agent. I a	m familiar with, and accept the obligati	and title if applicable. (NOTE: R  D DIRECTORS	ia Statutes.		DATE FICERS AND	DIRECTO	RS IN 12
agent, I a	m familiar with, and accept the obligation	t and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating)	DATE FICERS AND		
agent, I a SIGNATURE 12.	m familiar with, and accept the obligation of registered agent of the control of	and title if applicable. (NOTE: R  D DIRECTORS	tegistered Agent signature require	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
agent, I a SIGNATURE  12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: R  D DIRECTORS	egistered Agent signature require  13.  1.1 TITLE	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
agent. I a SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL	t and title if applicable. (NOTE: R  D DIRECTORS  DELETE	tegistered Agent signature require  13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE FICERS AND	DIRECTOI Change	RS IN 12
agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL	and title if applicable. (NOTE: R  D DIRECTORS	tegistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO	t and title if applicable. (NOTE: R  D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	DATE FICERS AND	DIRECTOI Change	RS IN 12
Agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R  D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND	DIRECTOI Change	RS IN 12
Agent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO	t and title if applicable. (NOTE: R D DIRECTORS DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12  Addition  Addition
agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R  D DIRECTORS  DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	DATE FICERS AND	DIRECTOI Change	RS IN 12
Agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12  Addition  Addition
AGENT. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12  Addition  Addition
AGENT. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND	D DIRECTO	RS IN 12 Addition Addition
AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	DATE FICERS AND	DIRECTO	RS IN 12  Addition  Addition
AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	13. Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed when reinstating)	DATE FICERS AND	D DIRECTO	RS IN 12 Addition Addition
AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND	D DIRECTO	RS IN 12 Addition Addition
AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
AGENT. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ed when reinstating)	DATE FICERS AND	D DIRECTO	RS IN 12 Addition Addition
AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
AGENT. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
AGENT. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI P HORNE, THOMAS A 2675 HOLLY POINT RD E. ORANGE PARK FL V HORNE, MARY JO 2675 HOLLY POINT RD E.	t and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE DELETE	legistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

10h 24 1999 904 384 -1472 Daytime Phone #