

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -7 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 311835 (3)

1. Corporation Name

FREEDOM MORTGAGE COMPANY

Principal Place of Business

**245 PEACHTREE CTR. AVE.
STE 1100
ATLANTA GA 30303
US**

Mailing Address

**245 PEACHTREE CTR AVE.
STE 1100
ATLANTA GA 30303
US**

**300001452043
-04/10/95--01045--003**

******208.75 ****208.75**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/16/1966

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1719908

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

DP

NAME

ALFORD, RANDALL D

STREET ADDRESS

245 PEACHTREE CTR. AVE. STE 1100

CITY - ST - ZIP

ATLANTA GA 30303

TITLE

OV

NAME

MCQUEEN, JOHN M

STREET ADDRESS

245 PEACHTREE CTR AVE, STE 1100

CITY - ST - ZIP

ATLANTA GA 30303

TITLE

DST

NAME

CORRIGAN, RICHARD

STREET ADDRESS

245 PEACHTREE CTR AVE. STE 1100

CITY - ST - ZIP

ATLANTA GA 30303

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

same

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

DIVPIAS

22 NAME

J. Michael Borganier

23 STREET ADDRESS

245 Peachtree Center Ave. Ste. 1100

24 CITY - ST - ZIP

Atlanta, GA. 30303

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

VP/AS - officer only

Sandra L. Milton

245 Peachtree Center Ave. Ste 1100

Atlanta, GA. 30303

VP/AS - officer only

Deborah Y. Chandler

245 Peachtree Center Ave. Ste. 1100

Atlanta, GA. 30303

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 110.07(3)(b), 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 addition.

SIGNATURE:

Randall D. Alford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randall D. Alford, President

4-4-95

404-230-6394