

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 416794 (6)

1. Corporation Name

PALM COAST MORTGAGE COMPANY

Principal Place of Business

Mailing Address

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151

EXECUTIVE OFFICE
1 CORPORATE DRIVE
PALM COAST FL 32151



2. Principal Place of Business
21 14 OFFICE Park Dr.
Suite, Apt. #, etc.
22 Suite 1
City & State
23 Palm Coast FL.
Zip
24 32137
Country
25 USA
26 14 OFFICE Park Dr.
Suite, Apt. #, etc.
27 Suite 1
City & State
28 Palm Coast FL.
Zip
29 32137
Country
30 USA

3. Date Incorporated or Qualified 01/15/1973
3a. Date of Last Report 05/01/1995
4. FEI Number 13-2809548
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name Joseph H. Adams Jr.
82 Street Address (P.O. Box Number is Not Acceptable) 14 OFFICE Park Dr.
83 Suite 1
84 City Palm Coast FL 85 Zip Code 32137

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 *Joseph H. Adams Jr.* Joseph H. Adams Jr. Chmn. Pres. & CEO 3/7/96
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chmn. Pres. CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, JAMES E.	1.2 NAME	Joseph H. Adams Jr.
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	1.3 STREET ADDRESS	14 OFFICE Park Dr. Suite 1
CITY - ST - ZIP	PALM COAST FL	1.4 CITY - ST - ZIP	Palm Coast, FL. 32137
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROOT, DAVID	2.2 NAME	Russell Bryant
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	2.3 STREET ADDRESS	14 OFFICE Park Dr. Suite 1
CITY - ST - ZIP	PALM COAST FL	2.4 CITY - ST - ZIP	Palm Coast, FL. 32137
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARBERG, LEE W	3.2 NAME	Melody Cooper
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	3.3 STREET ADDRESS	14 OFFICE Park Dr. Suite 1
CITY - ST - ZIP	PALM COAST FL	3.4 CITY - ST - ZIP	Palm Coast, FL. 32137
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUFF, ROBERT G.	4.2 NAME	Raymond L. Bayon
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	4.3 STREET ADDRESS	14 OFFICE Park Dr. Suite 1
CITY - ST - ZIP	PALM COAST FL	4.4 CITY - ST - ZIP	Palm Coast, FL. 32137
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUNSTEIN, RICHARD	5.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	5.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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: *Joseph H. Adams Jr.* Joseph H. Adams Jr. 3/7/96 9044450800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #