

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 416794 (6)
 1. Corporation Name
PALM COAST MORTGAGE COMPANY



Principal Place of Business 14 OFFICE PARK DRIVE SUITE 1 PALM COAST FL 32137 US	Mailing Address 14 OFFICE PARK DRIVE SUITE 1 PALM COAST FL 32137-3848 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/15/1973	3a. Date of Last Report 04/26/1996
4. FEI Number 13-2809548	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ADAMS, JOSEPH H JR. 14 OFFICE PARK DRIVE SUITE 1 PALM COAST FL 32137	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CPCE <input type="checkbox"/> DELETE
NAME	ADAMS, JOSEPH N JR.
STREET ADDRESS	14 OFFICE PARK DR., STE 1
CITY-ST-ZIP	PALM COAST FL
TITLE	VPST <input checked="" type="checkbox"/> DELETE
NAME	BRYANT, RUSSELL
STREET ADDRESS	14 OFFICE PARK DR., STE 1
CITY-ST-ZIP	PALM COAST FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	COOPER, MELODY
STREET ADDRESS	14 OFFICE PARK DR., STE. 1
CITY-ST-ZIP	PALM COAST FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BAUCH, RAYMOND L
STREET ADDRESS	14 OFFICE PARK DR., STE 1
CITY-ST-ZIP	PALM COAST FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
2.2 NAME	V.P. Mary Ann
2.3 STREET ADDRESS	14 OFFICE PARK DR. STE 1
2.4 CITY-ST-ZIP	Palm Coast FL 32137
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	V.P. Vaughn Ryan
3.3 STREET ADDRESS	14 OFFICE PARK DR. STE 1
3.4 CITY-ST-ZIP	Palm Coast FL 32137
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: Joseph H Adams Jr. Date: 4/14/97 Signature Phone #: 904 445 0802

CR2E034 (9/96)