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FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **434494** (1)

1. Corporation Name  
**SANTA ROSA MORTGAGE & INVESTMENTS, INC.**

Principal Place of Business  
**P.O. BOX 732  
FT. WALTON BEACH FL 32549**

Mailing Address  
**P.O. BOX 732  
FT. WALTON BEACH FL 32549-0732**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**09/07/1973**

3a. Date of Last Report  
**04/17/1996**

4. FEI Number

**59-1524352**

Applied For

Not Applicable

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

**MCCULLEN, BEVERLY A  
107 PATTON DR., N.E.  
FT. WALTON BEACH FL 32547**

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCULLEN, BEVERLY A</b>	
STREET ADDRESS	<b>107 PATTON DR., N.E.</b>	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCULLEN, BRUCE R.</b>	
STREET ADDRESS	<b>619 E. RIDGEWOOD STL. #2</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>STONE, KATHI M</b>	
STREET ADDRESS	<b>321 SABAL PALM DRIVE</b>	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8324 FOXWORTH CIRCLE</b>
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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:

*Beverly A. McCullen*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-97**  
Date

**904-862-4780**  
Daytime Phone

0489695

CR2E034 (9/96)