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May 19 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 # **527908** **(8)**

1. Corporation Name
**ALLIANCE MORTGAGE COMPANY**

Principal Place of Business
**4500 SALISBURY RD.**
**JACKSONVILLE FL 32216**

Mailing Address
**P.O. BOX 2109**
**JACKSONVILLE FL 32232-0001**

3. Date Incorporated or Qualified: **03/11/1977**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-1724879** 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**
**HANSON, KARL B JR.**
**50 NORTH LAURA STREET**
**SUITE 2800**
**JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**
81 Name: Sylvia Armsby - VP Alliance Mortgage Co.
82 Street Address (P.O. Box Number is Not Acceptable): 4500 Salisbury Road
83
84 City: Jacksonville FL 85 Zip Code: 32216

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: Sylvia Armsby, Vice President 5-12-97
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 | PCED | ☐ DELETE |
| NAME | MEEKS, GARY | |
| STREET ADDRESS | 4500 SALISBURY ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | PD | ☐ DELETE |
| NAME | MEEKS, GARY A | |
| STREET ADDRESS | 4500 SALISBURY ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | ☐ DELETE |
| NAME | HICKS, DAVID M | |
| STREET ADDRESS | 4500 SALISBURY ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | EVP | ☐ DELETE |
| NAME | TROUT, RALPH W | |
| STREET ADDRESS | 4500 SALISBURY RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | EVP | ☐ DELETE |
| NAME | ENNIS, DAVID C. | |
| STREET ADDRESS | 4500 SALISBURY RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | EVPD | ☐ DELETE |
| NAME | CLEMENTS, ROBERT M | |
| STREET ADDRESS | 4500 SALISBURY RD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE | Chairman & CEO, Director | ☒ Change ☐ Addition |
| 1.2 NAME | Gary A Meeks | |
| 1.3 STREET ADDRESS | same address | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Pres, Director | ☒ Change ☐ Addition |
| 6.2 NAME | Robert Clements | |
| 6.3 STREET ADDRESS | same 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:** Roberta Sheerin, SVP 2/13/97 904 281-6000

CR2E034 (9/96)