

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90128 019 ***150.00

DOCUMENT # 527908

1. Corporation Name

ALLIANCE MORTGAGE COMPANY

Principal Place of Business

4500 SALISBURY RD.
JACKSONVILLE FL 32216

Mailing Address

4500 SALISBURY ROAD
ATTN: AMY STOCKWELL
JACKSONVILLE FL 32216
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1977

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 owes the current year Intangible
Personal Property Tax ☒ Yes ☐ No

2. Principal Place of Business

21 8100 Nations Way

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, Florida

Zip Country

24 32256

25 Duval

2a. Mailing Address

26 8100 Nations Way

Suite, Apt. #, etc.

27 Attn: Linda Knight

City & State

28 Jacksonville, Florida

Zip Country

29 32256

30 Duval

9. Name and Address of Current Registered Agent

ROBERTS, ANGIE B
4500 SALISBURY RD
JACKSONVILLE FL 32216

81 Name

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

8100 Nations Way

83

84 City

Jacksonville

FL

85 Zip Code

32256

10. Name and Address of New Registered Agent

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 CCEO ☐ DELETE
NAME MEEKS, GARY
STREET ADDRESS 4500 SALISBURY ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE EVP ☐ DELETE
NAME KOSTER, MICHAEL C
STREET ADDRESS 4500 SALISBURY ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME HICKS, DAVID M
STREET ADDRESS 1725 MEMORIAL PARK DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE EVPC ☐ DELETE
NAME MATHESON, STEPHEN B
STREET ADDRESS 4500 SALISBURY RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE
NAME BLAQUIERE, MONICA H.
STREET ADDRESS 4500 SALISBURY RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE PDCO ☐ DELETE
NAME CLEMENTS, ROBERT M
STREET ADDRESS 4500 SALISBURY RD
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President, CEO ☒ Change ☐ Addition

12 NAME Director

13 STREET ADDRESS 8100 Nations Way

14 CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 8100 Nations Way

24 CITY-ST-ZIP Jacksonville, FL 32256 ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☒ Change ☐ Addition

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS 8100 Nations Way

44 CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

51 TITLE ☒ Change ☐ Addition

52 NAME S

53 STREET ADDRESS Blaquiere, Monica H.

54 CITY-ST-ZIP 8100 Nations Way Jacksonville, FL 32256

61 TITLE Director ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS 8100 Nations Way

64 CITY-ST-ZIP Jacksonville, FL 32256

14. I 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen B. Matheson, EVP and CEO

3/15/99

Date

904 281-6430

Daytime Phone #

CR2E034 (1/1/98)