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PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 622595

FILED Feb 25 1998 8:00am Secretary of State

TARA MORTGAGE CORPORATION Principal Place of Business Mailing Address 4300 BAYOU BLVD SUITE 1 4300 BAYOU BLVD SUITE 1 PENSACOLA FL 32503 PENSACOLA FL 32503 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1979 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1960869 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** GILMORE, M DIANE **4730 HOWE STREET** 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 83 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change __ Addition TITLE MUZZY, M ELESHA NAME 12 NAME 2500 BELLECHRISTIAN CIR STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA, FL 00000 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GILMORE, M DIANE 2.2 NAME 4730 HOWE ST STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE GILMORE, J MIKE NAME 3.2 NAME 4578 WHISPER CIR STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA, FL 00000 CITY-ST-ZIF 3.4. CITY - ST - ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 empoyered 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.