

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 622763 (1)**

1. Corporation Name

**FAMILY FIRST MORTGAGE CORP.**



Principal Place of Business

**3501 N.E. 10TH STREET, SUITE 201  
OCALA FL 34470  
US**

Mailing Address

**3501 N.E. 10TH STREET, SUITE 201  
OCALA FL 34470  
US**

3. Date Incorporated or Qualified  
**05/23/1979**

3a. Date of Last Report  
**08/14/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

**59-1980977**

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

**HILL, EDWIN L.  
3501 N.E. 10TH STREET, SUITE 201  
OCALA FL 32670**

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 (no two of registered agent and title as applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HILL, EDWIN L.	
STREET ADDRESS	3696 SE 47TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, GREGORY L.	
STREET ADDRESS	2330 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HILL, BRUCE E.	
STREET ADDRESS	195 EXECUTIVE PARK BLVD	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	LOZON, BERNARD J.	
STREET ADDRESS	327 A TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, GLENN M	
STREET ADDRESS	1200 WOODRUFF ROAD A3	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LANN, JOHN	
STREET ADDRESS	3501 NE 10TH ST. STE. 201	
CITY-ST-ZIP	OCALA FL 34470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<del>AMSDEN, ERIN</del> AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	AMSDEN, ERIN	
13 STREET ADDRESS	3501 NE 10TH ST, SUITE 201	
14 CITY-ST-ZIP	OCALA, FL 34470	
21 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	134 JOEL WRIGHT DR	
54 CITY-ST-ZIP	HENDERSONVILLE, NC 28792	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWIN L. HILL

4/29/96

352-732-7272

Date

Day/Title/Phone #

CR2E034 (12/95)