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FILED

May 01 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 # 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 34470-6423
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/23/1979

3a. Date of Last Report

05/01/1996

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	VS	<input type="checkbox"/> DELETE
NAME	HILL, GREGORY L.	
STREET ADDRESS	2330 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HILL, BRUCE E.	
STREET ADDRESS	195 EXECUTIVE PARK BLVD	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AMSDEN, ERIN	
STREET ADDRESS	3501 NE 10TH ST, STE 201	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HILL, GLENN M	
STREET ADDRESS	194 JOEL WRIGHT DR	
CITY-ST-ZIP	HENDERSONVILLE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDWIN L. HILL	
1.3 STREET ADDRESS	3501 NE 10TH ST SUITE 201	
1.4 CITY-ST-ZIP	OCALA FL 34470	
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GREGORY L. HILL	
2.3 STREET ADDRESS	3501 NE 10TH ST, SUITE 201	
2.4 CITY-ST-ZIP	OCALA, FL 34470	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRUCE E. HILL	
3.3 STREET ADDRESS	3447 ROBINHOOD ROAD	
3.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27106	
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	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEANNE DUNAGAN	
5.3 STREET ADDRESS	3447 ROBINHOOD ROAD	
5.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27106	
6.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ALLEN E. STINE	
6.3 STREET ADDRESS	26 A NW 33RD CT	
6.4 CITY-ST-ZIP	GAINESVILLE FL 32607	

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.

CR2E034 (9/96)