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

DOCUMENT #

1. Corporation Name

622763

FAMILY FIRST MORTGAGE CORP. 1

Principal Place of Business

Mailing Address

435 S. RIDGONOOD AVE #101

FILED Jun 08, 1999 8:00 am **Secretary of State**

06-08-1999 90014 008 ***150.00

, 33					DO NOT WRITE IN THIS SPACE			
	DAYTONA BE	ACH, FL	. 3211	י ל	•	3. Date Incorporated or Qualified 5 /23/79		
2.	Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21		26				59-1980977		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
23	ity & State City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
	Zip Country	Zip	Zip Country			8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.	☐ Yes	: ≅ ≰o
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	Name			
30 INLETHARBOR RO#503			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
						lan.		
	7 0,000 1,000	, , , , , ,	- · •	84	City	F		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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ALLEN AVA ☐ Change Addition PRESIDENT / TREASURER DELETE TITLE 1.1 TITLE ALLEN STINE 12 NAME NAME BRUCE E. HILL 3312 W. UNIVERSITY AVE 1195 WATAUGA RIVER RD. 1.3 STREET ADDRESS STREET ADDRESS GAINEVILLE, FL 32607 SUGAR GROVE, NC 28679 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition SR. VP / SECTY 2.1 TITLE TITLE SCOV AVP GREWORT L. HILL 903 NORWOOD LANE 2.2 NAME 3312 W UNIVERSITY AVE NAME 2.3 STREET ADDRESS STREET ADDRESS APEX NC 27502 GANGVILLE FL 32607 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 3 1 TITLE TITLE POLLY S. HILL WILLIAM E. MCLENDON 3.2 NAME NAME 903 NORWOOD LANE 435 S. RIDGEWOOD AVE #101 3.3 STREET ADDRESS STREET ADDRESS APEX, NC 27502 DAYTONA BEACH, FL JZ114 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ OELETE ASST SECTY 4.1 TITLE TITLE NAME EDWIN L. HILL 30 INLET HARBOR RO #503 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS PONCE INLET, FL 32127 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition V.P. LEEANN DUNAGAN 5.1 TITLE TITLE 5.2 NAME NAME 3447 ROBINHOOD ROAD 5.3 STREET ADDRESS STREET ADDRESS WINSTON-SALEM, NC 27106 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TTLE Change Addition ☐ DELETE TITLE UP 6.2 NAME NAME G LENN SUITE 400 6.3 STREET ADDRESS y 40. STREET ADDRESS FL 34482 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.! 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 13 if changed, or on an extendment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TEDWIN L. HILL 904-304-1680

E034 (11/98