SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:16

DOCUMENT # **629956** **(4)**

1. Corporation Name
BARTLEY MORTGAGE CO.

Principal Place of Business	Mailing Address
~~3947 BOULEVARD CENTER DRIVE~~ ~~SUITE 105~~ ~~JACKSONVILLE FL 32207~~	~~3947 BOULEVARD CENTER DRIVE~~ ~~SUITE 105~~ ~~JACKSONVILLE FL 32207~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1979
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 3344 Sanctuary Blvd	26 3344 Sanctuary Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville Bch FL	28 Jacksonville Bch FL
24 Zip 32250 / 25 Country	29 Zip 32250 / 30 Country

4. FEI Number: 59-2026562 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD., SUITE #100
JACKSONVILLE FL 32216

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	RICHTER, BERNARD	1.2 NAME	
STREET ADDRESS	~~3947 BOULEVARD CENTER DR~~	1.3 STREET ADDRESS	3344 Sanctuary Blvd
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Jacksonville Bch FL
TITLE	ST	2.1 TITLE	☑ Change ☐ Addition
NAME	RICHTER, JOAN	2.2 NAME	
STREET ADDRESS	~~3947 BOULEVARD CENTER DR~~	2.3 STREET ADDRESS	3344 Sanctuary Blvd
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2.4 CITY-ST-ZIP	Jacksonville Bch FL
TITLE	VP	3.1 TITLE	☑ Change ☐ Addition
NAME	KUNSBERG, LINDA	3.2 NAME	
STREET ADDRESS	~~3947 BOULEVARD CENTER DR~~	3.3 STREET ADDRESS	3344 Sanctuary Blvd
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	Jacksonville Bch FL
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE:X _____ _____ 08/04/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002404 CP