SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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 JUN 14 AM 9:10

DOCUMENT # **643784** **(2)**

1. Corporation Name

AABCO MORTGAGE LOANS AND INVESTMENTS, INC.

Principal Place of Business	Mailing Address
111 SECOND AVENUE N.E. SUITE 1000 ST. PETERSBURG 33701	111 SECOND AVENUE N.E. SUITE 1000 ST. PETERSBURG 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

3. Date Incorporated or Qualified: **11/01/1979**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-2739163** ☐ 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

PHILIPS, CHARLES F., JR.
111 SECOND AVE. NE
STE 1000
ST. PETERSBURG FL 33701

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	11 TITLE	☐ Change ☐ Addition
NAME	PHILIPS, CHARLES F., JR	12 NAME	
STREET ADDRESS	111 SECOND AVE. NE #1000	13 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	THEIL, RICHARD	22 NAME	
STREET ADDRESS	111 SECOND AVE NE #1000	23 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SCARPETTA, ROBERT	32 NAME	
STREET ADDRESS	111 SECOND AVE. NE #1000	33 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	
TITLE	DVS	41 TITLE	☐ Change ☐ Addition
NAME	TRIPP, DANIEL L.	42 NAME	
STREET ADDRESS	111 SECOND AVE. NE #1000	43 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GAUGHAN, PATRICK	52 NAME	
STREET ADDRESS	111 SECOND AVE NE #1000	53 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COMEGYS, LEE	62 NAME	
STREET ADDRESS	111 SECOND AVE NE #1000	63 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	64 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: _____ DANIEL L. TRIPP 6/7/95 (813)821-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0102230 CP