

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 654911 (7)**  
1. Corporation Name  
**SENTINEL MORTGAGE COMPANY**

Principal Place of Business Mailing Address  
700 SARASOTA QUAY 700 SARASOTA QUAY  
SARASOTA FL 34236 SARASOTA FL 34236  
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	02/05/1980	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1969111	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HODGES, JOHN M. 1800 2ND ST, STE 9600 SARASOTA FL 34236		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 transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTIG, THEODORE K	1.2 NAME	
STREET ADDRESS	3994 HAMILTON CLUB CR	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	EVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEASE, LINDA G.	2.2 NAME	Pease, Linda G
STREET ADDRESS	3186 MAIDEN LANE	2.3 STREET ADDRESS	3694 KINGSTON BLVD
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	Sarasota, FL 34238
TITLE	SVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILTIS, J S	3.2 NAME	
STREET ADDRESS	1961 BAYWOOD CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLEY, MARILYN	4.2 NAME	FINDLEY, MarILyn
STREET ADDRESS	2200 BAHIA VISTA ST #8	4.3 STREET ADDRESS	2562 WYE OAK LN
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	Sarasota, FL 34232
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDMER, SALLY	5.2 NAME	DELETE
STREET ADDRESS	1182 DEER HOLLOW	5.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AS Florence Mamer
STREET ADDRESS		6.3 STREET ADDRESS	3711 LAKEWOOD DR
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Sarasota, FL 34232

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)(b), Florida Statute. 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: Theodore K. Wittig THEODORE K. Wittig 4-27-95 813-365-5626  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR