FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED May 18 1998 8:00am Secretary of State

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 687559 (5)VANDERBILT MORTGAGE COMPANY Principal Place of Business Mailing Address 4110 SOUTHPORT BLVD 1540 STONEBRIAR RD GREEN COVE SPRINGS FL 32043 JACKSONVILLE FL 32216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1980 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2029098 26 Not Applicable 21 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name vanderbilt, charles h 1540 STONEBRIAR ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **GREEN COVE SPRINGS FL 32043** 83 84 City 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 purited name of regreered agent and title if applicable (NO11: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE Change VANDERBILT, CHARLES H NAME 1.2 NAME 1540 STONEBRIAR ROAD STREET ADDRESS 1.3 STREET ADDRESS GREEN COVE SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CiTY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 City-ST-ZIP the this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if 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 above of frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in informant with anytodoress. 14. I hereby certify that the information indicated on this annual report of

officer or director of the corp Block 12 or Block 13 if char