

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 826661 (1)

1. Corporation Name

COLONIAL MORTGAGE COMPANY



Principal Place of Business

ONE COMMERCE STREET
PO BOX 230158
MONTGOMERY AL 36123-7158

Mailing Address

ONE COMMERCE STREET
PO BOX 230158
MONTGOMERY AL 36123-7158

3. Date Incorporated or Qualified

08/25/1971

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

63-0513345

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 of the corporation

(If 11B Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WYNN, RONNIE
STREET ADDRESS ONE COMMERCE STREET
CITY-STATE-ZIP MONTGOMERY AL 36104

1.1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE CD ☐ DELETE

NAME LOWDER, ROBERT
STREET ADDRESS ONE COMMERCE STREET
CITY-STATE-ZIP MONTGOMERY AL 36104

2.1 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE T ☒ DELETE

NAME HARGROVE, WALTER
STREET ADDRESS 2000 INTERSTATE PARK
CITY-STATE-ZIP MONTGOMERY AL 36109

3.1 TITLE ☐ Change ☒ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE VD ☒ DELETE

NAME LOWDER, THOMAS
STREET ADDRESS 2101 6TH AVENUE NORTH
CITY-STATE-ZIP BIRMINGHAM AL 35203

4.1 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE VD ☒ DELETE

NAME LOWDER, JAMES
STREET ADDRESS 2000 INTERSTATE PARK
CITY-STATE-ZIP MONTGOMERY AL 36019

5.1 TITLE ☐ Change ☒ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE V ☐ DELETE

NAME HOLLEY, MICHAEL
STREET ADDRESS 2000 INTERSTATE PARK
CITY-STATE-ZIP MONTGOMERY AL 36109

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

T
Sheila Moody
280 Commerce St.
Montgomery AL 36104
S
Adolene Allen
one Commerce St.
Montgomery AL 36104
D
Robert E. Sasser
one Commerce St.
Montgomery AL 36104

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

DATE

Expiring Phone #

5/1/96 (334) 240-6033

CR2E034 (12/95)