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95 APR 18 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 831862 (8)
1. Corporation Name
FLEET MORTGAGE CORP.

Principal Place of Business 1333 MAIN STREET, STE 700 P O BOX 11980 COLUMBIA SC 29201	Mailing Address 1333 MAIN STREET, STE 700 P O BOX 11980 COLUMBIA SC 29201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified 02/20/1974	3a. Date of Last Report 01/25/1994
4. FEI Number 39-1032135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____
12. Registered Agent Signature (Required when registering) _____
13. Registered Agent Signature (Required when terminating) _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD WOODWARD, JR. A 6009 RUTLEDGE HILL ROAD COLUMBIA SC
TITLE NAME STREET ADDRESS CITY, ST, ZIP	EVP BETTIN, GARY 306 CHIMNEY HILL ROAD COLUMBIA SC
TITLE NAME STREET ADDRESS CITY, ST, ZIP	AS DORCHUCK, JORDAN D 133 CRICKET HILL RD COLUMBIA SC
TITLE NAME STREET ADDRESS CITY, ST, ZIP	EVPD DUNCAN, RICHARD M. 205 GENESSEE VALLEY RD COLUMBIA SC
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD RACE, KEVIN D. 135 BEAVER DAM ROAD COLUMBIA SC
TITLE NAME STREET ADDRESS CITY, ST, ZIP	EVPD TORKE, MICHAEL J. 6 LEHIGH COURT COLUMBIA SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert T. Golitz 101 Teal Point Lane Forte Verde Beach, FL 32082
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gerald L. Baker 900 Taylor Street, Apt. 104 Columbia, SC 29201
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John L. Phillips 104 Watson Way Columbia, SC 29223
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(2)(b), 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 checked.

SIGNATURE: *John L. Phillips* 4/10/95
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR