

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 832091 (3)

1. Corporation Name

DEPOSIT GUARANTY MORTGAGE COMPANY



Principal Place of Business

200 E. CAPITOL STREET
P.O. BOX 1193
JACKSON MS 39215-8193

Mailing Address

200 E. CAPITOL STREET
P.O. BOX 1193
JACKSON MS 39215-8193

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

3. Date Incorporated or Qualified

04/01/1974

3a. Date of Last Report

03/24/1995

4. FEI Number

64-0280983

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

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 of the corporation's registered agent or the filer (if filer is not the registered agent)

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME MOORE, LARRY
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE T
NAME VEAZEY, DOUGLAS
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE PDC
NAME WALTERS, ALAN H.
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE VP
NAME SELMAN, SUSAN
STREET ADDRESS 200 E. CAPITOL ST.
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE D
NAME ROBINSON, E.B.
STREET ADDRESS 200 E. CAPITOL ST.
CITY-ST-ZIP JACKSON MS ☐ DELETE

TITLE D
NAME MCDONALD, ARLEN
STREET ADDRESS 200 E. CAPITOL ST.
CITY-ST-ZIP JACKSON MS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ 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(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 SIGNING OFFICER OR DIRECTOR

4/26/96

601-848-4915

CR2E034 (12/95)