

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

APPROVED
AND
FILED

96 04/01 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 832091 (3)

1. Corporation Name

DEPOSIT GUARANTY MORTGAGE COMPANY

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

04/01/1974

3a. Date of Last Report

03/24/1995

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

4. FEI Number

64-0280983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

1. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

REMITTED BY MAY 1

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 TYPE: *Doug Veazey*
PRINTED NAME OF SIGNER: DOUG VEAZEY
OFFICER OR DIRECTOR

4/26/96

601-888-4915