

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 832091 (3)
1. Corporation Name
DEPOSIT GUARANTY MORTGAGE COMPANY



Principal Place of Business

Mailing Address

P.O. BOX 730
C/O TAX DEPT
JACKSON MS 39215-1193
US

P.O. BOX 730
C/O TAX DEPT
JACKSON MS 39205
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		64-0280983	
24 Country		29 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 title if applicable. (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	PRESIDENT
NAME	MOORE, LARRY	1.2 NAME	
STREET ADDRESS	200 E CAPITOL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	
TITLE	VEAZEY, DOUGLAS	2.1 TITLE	DIANA FLOWERS
NAME		2.2 NAME	
STREET ADDRESS	200 E CAPITOL ST	2.3 STREET ADDRESS	200 E. CAPITAL ST.
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	JACKSON MS 39215
TITLE	PDC	3.1 TITLE	HOWARD McMILLAN, JR.
NAME	WALTERS, ALAN H.	3.2 NAME	
STREET ADDRESS	200 E CAPITOL ST	3.3 STREET ADDRESS	200 E. CAPITAL ST.
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	JACKSON MS 39215
TITLE	VP	4.1 TITLE	STEVEN C. WALKER
NAME	SELMAN, SUSAN	4.2 NAME	
STREET ADDRESS	200 E. CAPITOL ST.	4.3 STREET ADDRESS	200 E. CAPITAL ST.
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	JACKSON MS 39215
TITLE	D	5.1 TITLE	
NAME	ROBINSON, E.B.	5.2 NAME	
STREET ADDRESS	200 E. CAPITOL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MCDONALD, ARLEN	6.2 NAME	
STREET ADDRESS	200 E. CAPITOL ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____

CR2E034 (10/97)