

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 # F18863

(3)

1. Corporation Name

EASTERN HOME MORTGAGE, INC.



Principal Place of Business

% JAMES G WILLMENG
923 OAKFIELD DR.
BRANDON FL 33511

Mailing Address

% JAMES G WILLMENG
923 OAKFIELD DR.
BRANDON FL 33511

3. Date Incorporated or Qualified

01/26/1981

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2046888

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLMENG, JAMES G
923 OAKFIELD DR.
BRANDON FL 33511

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 Registered Agent or Registered Agent of the Corporation

Signature of Registered Agent Signature required when not stating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
2. NAME WILLMENG, JAMES G
3. STREET ADDRESS 3415 FOREST BRIDGE CIRCLE
4. CITY-STATE-ZIP BRANDON FL
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
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64. CITY-STATE-ZIP

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. 2. TITLE
6. 2. NAME
7. 2. STREET ADDRESS
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53. 14. TITLE
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56. 14. CITY-STATE-ZIP
57. 15. TITLE
58. 15. NAME
59. 15. STREET ADDRESS
60. 15. CITY-STATE-ZIP
61. 16. TITLE
62. 16. NAME
63. 16. STREET ADDRESS
64. 16. CITY-STATE-ZIP

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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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: James G. Willmeng JAMES G. WILLMENG

1-26-96

813-681-7749

CR2E034 (12/95)