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Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F49137** **(5)**

1. Corporation Name
WELLS FARGO MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
2915 SR 590 STE 21 CLEARWATER FL 34619 US	2915 SR 590 STE 21 CLEARWATER FL 34619-2545 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/09/1981**
3a. Date of Last Report: **03/15/1996**
4. FEI Number: **59-2172785** ☐ 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 XX No

9. Name and Address of Current Registered Agent

QUEEN, GARY F
2915 SR 590
STE 21
CLEARWATER FL 34619

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		X Change ☐ Addition
NAME	QUEEN, GARY F		1.2 NAME		
STREET ADDRESS	~~2755 QUAIL HOLLOW RD, W.~~		1.3 STREET ADDRESS	2915 SR 590, Ste. 21	
CITY-ST-ZIP	~~CLEARWATER FL~~		1.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	VD	☐ DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	QUEEN, FRENCH W JR		2.2 NAME		
STREET ADDRESS	~~8176 MASTERS DRIVE~~		2.3 STREET ADDRESS	2915 SR 590, Ste. 21	
CITY-ST-ZIP	~~CLEARWATER, FL 00000~~		2.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	D	☐ DELETE	3.1 TITLE		XX Change ☐ Addition
NAME	QUEEN, LAWRENCE		3.2 NAME		
STREET ADDRESS	~~8176 MASTERS DRIVE~~		3.3 STREET ADDRESS	2915 SR 590, Ste. 21	
CITY-ST-ZIP	~~CLEARWATER, FL 00000~~		3.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE	SPT	☐ DELETE	4.1 TITLE		X X Change ☐ Addition
NAME	QUEEN, LAWRENCE		4.2 NAME		
STREET ADDRESS	~~8176 MASTERS DRIVE~~		4.3 STREET ADDRESS	2915 SR 590, Ste. 21	
CITY-ST-ZIP	~~CLEARWATER, FL 00000~~		4.4 CITY-ST-ZIP	Clearwater, FL 34619	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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; 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: French W. Queen Jr. French W.Queen,Jr., V.P. 3/12/97 (813) 796-7125