

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F50562

(0)

1. Corporation Name

FLORIDA HOMELOAN CORPORATION

Principal Place of Business

**8021 PHILLIPS HWY
81
JACKSONVILLE FL 32256
US**

Mailing Address

**8021 PHILLIPS HWY
S1
JACKSONVILLE FL 32256
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/16/1981

3a. Date of Last Report

04/20/1994

4. FEI Number

50-2703889

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. 198.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GARY, DYTRYCH & RYAN
701 US ONE, STE 402
NORTH PALM BCH FL 33408**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CHARLES, MARTYN P.
383 TEQUESTA DRIVE
TEQUESTA FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GARY, JOHN W. III
701 U.S. HWY. 1 S-402
NORTH PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DPT
MORCOM, THOMAS A.
441 BARRINGTON OAKS DR.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CD
GINN, DAVID F.
10450 SYLVAN LN. W.
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GINN, SHANNON
5222 DESERT VIXEN RD
PALM BCH GARDENS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
GINN, JUDITH L.
10450 SYLVAN LN. W.
JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 110.07(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 in an attachment with an address.

SIGNATURE:

Judith L. Ginn **JUDITH L. GINN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/95 904-733-2255