

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90064 011 ***150.00

DOCUMENT # F50562

1. Corporation Name

FLORIDA HOMELOAN CORPORATION

Principal Place of Business

10459 SYLVAN LN W
S1
JACKSONVILLE FL 32257
US

Mailing Address

10459 SYLVAN LN W
S1
JACKSONVILLE FL 32257
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1981

4. FEI Number

59-2703889

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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 D ☐ DELETE
NAME CHARLES, MARTYN P.
STREET ADDRESS 393 TEQUESTA DRIVE
CITY-ST-ZIP TEQUESTA FL

TITLE D ☐ DELETE
NAME GARY, JOHN W. III
STREET ADDRESS 701 U.S. HWY. 1 S-402
CITY-ST-ZIP NORTH PALM BCH. FL

TITLE D ☐ DELETE
NAME MORCOM, THOMAS A.
STREET ADDRESS 441 BARRINGTON OAKS DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME GINN, DAVID F.
STREET ADDRESS 10459 SYLVAN LN.W.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME GINN, SHANNON
STREET ADDRESS 701 US HWY 1 S-105
CITY-ST-ZIP NORTH PALM BCH FL

TITLE VP ☐ DELETE
NAME GINN, JUDITH L.
STREET ADDRESS 10459 SYLVAN LN. W.
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99

904-262-3887

Daytime Phone #

CR2E034 (11/98)