

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 # **F72658** (0)

1. Corporation Name

NEW FINANCIAL MORTGAGE CORPORATION



Principal Place of Business

1800 2ND ST. SUITE 900
SARASOTA FL 34236

Mailing Address

1800 2ND ST. SUITE 900
SARASOTA FL 34236

2. Principal Place of Business

21 1999 Lincoln Drive

Suite, Apt. #, etc.

22

City & State
23 Sarasota FL

Zip

24 34236

Country

25 Sarasota

2a. Mailing Address

26 1999 Lincoln Drive

Suite, Apt. #, etc.

27

City & State
28 Sarasota FL

Zip

29 34236

Country

30 Sarasota

3. Date Incorporated or Qualified
03/19/1982

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2203097

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

9. Name and Address of Current Registered Agent

~~BOYER, JAMES R.~~
~~1800 2ND STREET #765~~
~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name William Guy

82 Street Address (P.O. Box Number is Not Acceptable)
1999 Lincoln Drive

83

84 City Sarasota

FL

85 Zip Code 34236

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 607.0502, Florida Statutes.

SIGNATURE

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

William C. Guy, Jr., Sr. Vice President 4-16-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME COFFIN, CHRISTOPHER J.
STREET ADDRESS 1800 2ND ST. SUITE 900
CITY-ST-ZIP SARASOTA FL

TITLE V ☒ DELETE

NAME BOLUN, JOHN P.
STREET ADDRESS 1800 SECOND STREET, SUITE 900
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PD
1.3 STREET ADDRESS Coffin, Christopher J.
1.4 CITY-ST-ZIP 1999 Lincoln Drive
Sarasota, FL 34236 ☐ Change ☐ Addition

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 V
3.3 STREET ADDRESS William Guy
3.4 CITY-ST-ZIP 1999 Lincoln Drive
Sarasota, FL 34236 ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Coffin, President

4/16/96

Date

Daytime Phone #

CR2E034 (12/95)