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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPO ATIONS

1996

DOCUMENT # F73799 (1) 1. Corporation Name STATE MORTGAGE & INVESTMENT CORP.							
Principal Place o	t Business	Mailing Address			}		1971 0(0)) Baba 4797 0(0)) 1981
% CHARLES N. RITTENHOUSE 3300 N. PACE BLVD SUITE 311		% CHARLES N. RITTENHOUSE 3300 N. PAGE BLVD., SUITE 311					
PENSACOLA F	£ 32505	PENSACOLA FL 32505			 Date Incorporated or Qualified 03/23/1982 	l l	e of Last Report 01/13/1995
2. Principal Plac	e of Business	2a, Mailing Address			4. FEI Number		Applied For
1		26 3300 North Pace			59-2193459		Not Applicable
Suite Apt.#,	6;c	Suite, Apit. #, etc.	end.	- 210	5. Certificate of Status Desired	M	\$8.75 Additional Fee Required
?[City & State 3]		27 Boulevard, Suite 310 City & State 28		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Σφ	Country	Zip	Count	ry			tax under s. 199.032,
1	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes Y 10. Name and Address of New	es No Registered	Agent
	B. Hame and Modress of Cuffett	gisterae ngenit		1 Name			
RITTENH	OUSE, CHARLES N.		6	2 Street Addr	dress (P.O. Box Number is Not Acceptable)		
	PACE BLVD., SUITE 311			3300_	North Pace Boul	evard.	Suite_310
PENSAC	OLA FL 32505		Ľ	3			
			8	4 City		FI	85 Zip Code
SKONATURE S 12. DULF VAM: STREET LADDRESS DEVENSE: 71F	T LINDSEY, LANA L 8404 OLD OAK RD MILTON FL PS		13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 City - ST- ZiP 2 1 TITLE		d wise renstating) ADDITIONS/CHANGES TO C	PATE	D DIRECTORS IN 12 Change Addition
NAME SOBSELLADORESS	RITTENHOUSE, CHARLES N 6234 APPOMATTOMK DRIVE	_	2 2 NAN 2 3 STH	ME EFT ADDRESS			
CID S1-7#	PENSACOLA FL	SACOLA FL		(-ST-ZIP	Change Addition		
THEE LADORESS	VP RITTENHOUSE, DIANA A 6234 APPOMATTOX DRIVE	L.J OLIVI		ME REET ADDRESS			
DEY ST-ZIET TICLE NAME STREET ADDRESS	PENSACOLA FL	DETEIF	4 1 TIT 4 2 NAM 4 3 STA				Change Addition
CHY \$1 ZH THUE		DELETE	5 1 711				Change Addition
VAME			5 2 NA	ME			
STREET ADORESS			5.3 STH	EET ADDRESS			
City - S - ZIP		□ DELETE	5.4 at 6 litt	Y - ST - ZIP			Change Addition
TITLE NAME STRAFT ATORESS		[peccie	6.2 AI				
certify that	y certify that the information supplied v the information indicated on this annu- am an officer or director of the corpo	al report or supplemental ann ration or the⊯cceiver or truste	ished ar could report is e emport re	true and accura	for the exemption stated in Section 1 ate and that my signature shall have his report as required by Chapter 607	the same ied	ial effect as if made under
appears in	Block 12 or Block 13 if Flanged, or o	n an atlaciment with an addi	ess.	_ a	, ,		
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIF	OR	J/14/94	707	V_435-7353