

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

FILED

Jan 27 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F73799

(1)

1. Corporation Name

STATE MORTGAGE &amp; INVESTMENT CORP.

Principal Place of Business

3300 NORTH PACE BLVD  
SUITE 310  
PENSACOLA FL 32505  
US

Mailing Address

% CHARLES N. RITTENHOUSE  
3300 N. PACE BLVD., SUITE 310  
PENSACOLA FL 32505-5149

3. Date Incorporated or Qualified

03/23/1982

3a. Date of Last Report

02/22/1996

2. Principal Place of Business

21 Suite, Apt. # etc:

22 City &amp; State:

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. # etc:

27 City &amp; State:

28 Zip

Country

29

30

4. FEI Number

59-2193459

Applied For

Not Applicable

Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RITTENHOUSE, CHARLES N.  
3300 NORTH PACE BLVD  
SUITE 310  
PENSACOLA FL 32505

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 type: If printed name of registered agent, check box and fill in applicable box.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDSEY, LANA L	
STREET ADDRESS	8404 OLD OAK RD	
CITY - ST - ZIP	MILTON FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	RITTENHOUSE, CHARLES N	
STREET ADDRESS	6234 APPOMATTON DRIVE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RITTENHOUSE, DIANA A	
STREET ADDRESS	6234 APPOMATTOX DRIVE	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE

Charles N. Rittenhouse CHARLES N. RITTENHOUSE 1/26/97 904-435-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)