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FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000001553 (7)

1. Corporation Name

MARKET STREET MORTGAGE CORPORATION

Principal Place of Business

2650 MCCORMICK DRIVE, SUITE 200
CLEARWATER FL 34619

Mailing Address

2650 MCCORMICK DRIVE, SUITE 200
CLEARWATER FL 34619-1049

3. Date Incorporated or Qualified

03/30/1993

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3151342

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

JACKSON, TRACY S
2650 MCCORMICK DR.
SUITE 200
CLEARWATER FL 34619

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 PD
NAME JOHNSON, RANDALL C
STREET ADDRESS 2650 MCCORMICK DRIVE, SUITE 200
CITY-ST-ZIP CLEARWATER FL 34619 ☐ DELETE

TITLE VD
NAME SMITH, T D
STREET ADDRESS 2650 MCCORMICK DRIVE, SUITE 200
CITY-ST-ZIP CLEARWATER FL 34619 ☐ DELETE

TITLE VD
NAME DILLON, MICHAEL H
STREET ADDRESS 2650 MCCORMICK DRIVE, SUITE 200
CITY-ST-ZIP CLEARWATER FL 34619 ☐ DELETE

TITLE V
NAME CAPPS, JAMES B
STREET ADDRESS 2650 MCCORMICK DRIVE, SUITE 200
CITY-ST-ZIP CLEARWATER FL 34619 ☐ DELETE

TITLE VCFO
NAME JACKSON, TRACY S
STREET ADDRESS 2650 MCCORMICK DRIVE, SUITE 200
CITY-ST-ZIP CLEARWATER FL 34619 ☐ DELETE

TITLE VP
NAME SMITH, NANCY
STREET ADDRESS 2650 MCCORMICK DRIVE, SUITE 200
CITY-ST-ZIP CLEARWATER FL 34619 ☒ DELETE

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 See Attached

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 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, changed, or on an attachment with an address.

SIGNATURE:

Robert W. Johnson Corp. Quality and Compliance Officer

CR2E034 (9/96)