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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Tracy S. Jackson

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State ... DIVISION OF CORPORATIONS

FILED Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90012 001 ***150.00

DOCUMENT # F9300001553	
Market Street Mortgage Corporation	

27

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2650 McCcamick Dr., Ste. 200

Country

9. Name and Address of Current Registered Agent

25

Clearwater, FL 33759

2650 McCcmick Dr., Ste 200

Clearwater, FL 33759

Mailing Address

2a. Mailing Address

City & State

Zìp

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

-Trust-Fund Contribution

Personal Property Tax.

03/30/93

4. FEI Number

59-3151342

2650 McCharmick Dr., Ste.200	82 Street Address (P.O. Box Number is Not Acceptable)		
2000 Parallelick 12.7 See-200	83		
Clearwater, FL 33759	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 13			
	1 TITLE Change Addition		
NAME Day 2-13 C Talay a	2 NAME		
STREET ADDRESS 133	3 STREET ADDRESS		
12650 McCormick Dr., Ste 200 Clearwater, FT. 1	4 CITY-ST-ZIP		
	1 TITLE ☐ Change ☐ Addition		
1221	2 NAME		
STREET ADDRESS 2650 McConntick Dr., Ste 200	3 STREET ADDRESS		
Clearwater, F1 33759	4 CITY-ST-ZIP		
	1 TITLE Change Addition		
NAME Michael H. Dillon Executive VP 321	2 NAME		
	3 STREET ADDRESS		
	4. CITY+ST-ZIP		
TITLE James B. Capps Senior VP DELETE 4.11	1 TITLE ☐ Change ☐ Addition		
NAME 2650 McConnick Dr., SIE 200	2 NAME		
	3 STREET ADDRESS		
CITY-ST-ZIP 4.4 C	4 CITY-ST-ZIP		
1 1	1 TITLE Change Addition		
NAME 2650 McCommick Dr., Ste 200	2 NAME		
STREET ADDRESS 5.3.9	3 STREET ADDRESS		
CIT-SI-ZIP CITCHE WALCELY FLI 33/39	4 CITY-ST-ZIP		
THE CONTRACTOR OF THE CONTRACT	TTITLE Change Addition		
NAME 621	2 NAME.		
STREET ADDRESS 6.3.5	3 STREET ADDRESS		
CH 1-31-2IF	4 CITY-ST-ZIP		

Country

81 Name

30

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 informationated 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stubbs VP of Complaince

May 27, 1999_

Daytime Phone #