

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

FILED  
Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002857 (1)  
1. Corporation Name  
EQUITRUST MORTGAGE CORPORATION



Principal Place of Business 3300 WEST BEACH BLVD GULFPORT MS 39501	Mailing Address 3300 WEST BEACH BLVD GULFPORT MS 39501
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1201 25th Avenue Suite, Apt #, etc. 22 Suite ONE City & State 23 Gulfport, MS Zip 24 39501 Country 25 USA	2a. Mailing Address 26 1201 25th Avenue Suite, Apt #, etc. 27 Suite ONE City & State 28 Gulfport, MS Zip 29 39501 Country 30 USA
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3. Date Incorporated or Qualified 06/21/1993	4. FEI Number 64-0565741	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LOVELACE, DEWITT M LOVELAND LAW FIRM 743 HWY 90 EAST, SUITE 5 DESTIN FL 32541	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12870 US 98 WEST 83 84 City Destin FL 85 Zip Code 32541
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LOVELACE, KENT E JR 3300 WEST BEACH BLVD., SUITE 202 GULFPORT MS 39501 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1201 25th Avenue ST. ONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHOWS, JOYCE B 3300 W BEACH BLVD, STE 202 GULFPORT MS <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1201 25th Avenue - Suite ONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEAWRIGHT, BARBARA G 3300 WEST BEACH BLVD., SUITE 202 GULFPORT MS 39501 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1201 25th Avenue - Suite ONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLEY, ELAINE 3300 WEST BEACH BLVD., SUITE 202 GULFPORT MS 39501 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1201 25th Avenue - Suite ONE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: Kent E. Lovelace Jr. 2-27-98 228 868 6432

CR2E034 (10/97)