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May 06 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 # **F94000003535 (1)**

1. Corporation Name  
**STANDARD MORTGAGE ACQUISITION CORP.**



Principal Place of Business  
**5775-D PEACHTREE DUNWOODY ROAD  
SUITE 100  
ATLANTA GA 30342**

Mailing Address  
**5775-D PEACHTREE DUNWOODY ROAD  
SUITE 100  
ATLANTA GA 30342-1505**

3. Date Incorporated or Qualified  
**07/05/1994**

3a. Date of Last Report  
**03/26/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**58-2115452**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 | NAME            | STREET ADDRESS                   | CITY-ST-ZIP | DELETE                   |
|-------|-----------------|----------------------------------|-------------|--------------------------|
| VPS   | BYERS, KELLY    | 5775 PEACHTREE DUNWOOD RD, D-100 | ATLANTA GA  | <input type="checkbox"/> |
| CD    | DUNKLE, TERRY K | 5775-D PEACHTREE DUNWOODY ROAD   | ATLANTA GA  | <input type="checkbox"/> |
| D     | FERRY, JAMES R  | 5775-D PEACHTREE DUNWOODY ROAD   | ATLANTA GA  | <input type="checkbox"/> |
| PCEO  | O'NEIL, KEVIN J | 5775-D PEACHTREE DUNWOODY ROAD   | ATLANTA GA  | <input type="checkbox"/> |
| S     | JAKELL, BETTY L | 5775-D PEACHTREE DUNWOODY ROAD   | ATLANTA GA  | <input type="checkbox"/> |
|       |                 |                                  |             | <input type="checkbox"/> |
|       |                 |                                  |             | <input type="checkbox"/> |
|       |                 |                                  |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **4/29/97**  
Daytime Phone: **(404) 843-0020**