

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # F95000002559 (1)**

1. Corporation Name

**PEOPLES NATIONAL MORTGAGE CORPORATION**



Principal Place of Business

Mailing Address

**2121 SAN JACINTO ST., #1460  
DALLAS TX 75201**

**2121 SAN JACINTO ST., #1460  
DALLAS TX 75201**

2. Principal Place of Business

2a. Mailing Address

21 700 NORTH PEARL STREET

26 700 NORTH PEARL STREET

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 2150

27 2150

City & State

City & State

23 DALLAS, TX

28 DALLAS, TX

Zip

Zip

24 75201

29 75201

Country

Country

25 DALLAS

30 DALLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/25/1995**

3a. Date of Last Report

4. FEI Number

**58-2089430**

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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 607.0602 and 607.1502, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| NAME           | PD LOZANO, R N              | <input type="checkbox"/> DELETE            |
| STREET ADDRESS | 700 N. PEARL ST., #2000     |                                            |
| CITY, ST, ZIP  | DALLAS TX 75201             |                                            |
| TITLE          | V                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | KEMP, KYLE                  |                                            |
| STREET ADDRESS | 2121 SAN JACINTO ST., #1460 |                                            |
| CITY, ST, ZIP  | DALLAS TX 75201             |                                            |
| TITLE          | S                           | <input type="checkbox"/> DELETE            |
| NAME           | DYGERT, LE'ANNE             |                                            |
| STREET ADDRESS | 2121 SAN JACINTO ST., #1460 |                                            |
| CITY, ST, ZIP  | DALLAS TX 75201             |                                            |
| TITLE          | D                           | <input type="checkbox"/> DELETE            |
| NAME           | ABBOTT, RONNIE E            |                                            |
| STREET ADDRESS | 35 SOUTH PLAZA              |                                            |
| CITY, ST, ZIP  | PARIS TX 75460              |                                            |
| TITLE          | D                           | <input type="checkbox"/> DELETE            |
| NAME           | CHRISTIAN, TERRY L          |                                            |
| STREET ADDRESS | 35 SOUTH PLAZA              |                                            |
| CITY, ST, ZIP  | PARIS TX 75460              |                                            |
| TITLE          | D                           | <input type="checkbox"/> DELETE            |
| NAME           | COLEMAN, WILLIAM H          |                                            |
| STREET ADDRESS | 35 SOUTH PLAZA              |                                            |
| CITY, ST, ZIP  | PARIS TX 75460              |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                                         |
|--------------------|-----------------------------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 2. NAME            |                                                                                         |
| 3. STREET ADDRESS  |                                                                                         |
| 4. CITY, ST, ZIP   |                                                                                         |
| 5. TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6. NAME            | VICE PRESIDENT                                                                          |
| 7. STREET ADDRESS  | JAMES RAY                                                                               |
| 8. CITY, ST, ZIP   | 700 NORTH PEARL ST, SUITE 2150                                                          |
| 9. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 10. NAME           | DALLAS, TX 75201                                                                        |
| 11. STREET ADDRESS | 700 NORTH PEARL ST, STE 2150                                                            |
| 12. CITY, ST, ZIP  | DALLAS, TX 75201                                                                        |
| 13. TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| 14. NAME           | DIRECTOR                                                                                |
| 15. STREET ADDRESS | T. BRADLEY PERRY                                                                        |
| 16. CITY, ST, ZIP  | 35 SOUTH PLAZA                                                                          |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 18. NAME           | PARIS, TX 75460                                                                         |
| 19. STREET ADDRESS |                                                                                         |
| 20. CITY, ST, ZIP  |                                                                                         |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 22. NAME           |                                                                                         |
| 23. STREET ADDRESS |                                                                                         |
| 24. CITY, ST, ZIP  |                                                                                         |
| 25. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 26. NAME           |                                                                                         |
| 27. STREET ADDRESS |                                                                                         |
| 28. CITY, ST, ZIP  |                                                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 to this address.

SIGNATURE:

*Le'Anne T. Dygert*

**LE'ANNE T. DYGERT  
CORPORATE SECRETARY**

**1-31-96 (214) 740-9600**

CR2E034 (12/95)