

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000003606 (9)

1. Corporation Name

HOMEOWNERS MORTGAGE & EQUITY, INC.



Principal Place of Business

6836 AUSTIN CENTER BLVD., STE 280  
AUSTIN TX 78731

Mailing Address

6836 AUSTIN CENTER BLVD., STE 280  
AUSTIN TX 78731

2. Principal Place of Business

21 Same as above

22 State, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Same as above

27 State, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

07/26/1995

3a. Date of Last Report

4. FEI Number

74-2674353

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Same

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 types for printed name of registered agent and their applicability

(If Off. Registered Agent Signature required when reinstating)

(DA1)

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS       | CITY, ST, ZIP        | DELETE                   |
|-------|------------------|----------------------|----------------------|--------------------------|
| CEOP  | BALLARD, JOHN W  | 7709 MESA DR         | AUSTIN TX 78731      | <input type="checkbox"/> |
| DC    | BOMER, E. JEFF   | 5104 BEVERLY SKYLINE | AUSTIN TX 78731      | <input type="checkbox"/> |
| D     | PYHRR, PETER A   | 1310 MEADOWGREEN     | DUNCANVILLE TX 78748 | <input type="checkbox"/> |
| D     | PYHRR, STEPHEN A | 10806 RIVER TERRACE  | AUSTIN TX 78748      | <input type="checkbox"/> |
| V     | ODOM, JOANN      | 613 DUTCREEK         | LEANDER TX 78641     | <input type="checkbox"/> |
| V     | THERIAC, GLENN   | 40 N HWY 35 #4B4     | AUSTIN TX 78701      | <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 | 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)