

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

FILED
Jun 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001686 (2)

1. Corporation Name

WICKES MORTGAGE LENDING, INC.

Principal Place of Business

7800 BELFORT PKWY #100
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PKWY #100
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/29/1996

4. FEI Number

59-3359527

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KIRSCHNER, MAIN, PETRIE, GRAHAM, TANNER &
1 INDEPENDENT DR #2000
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name

Holland & Knight

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, within 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

J. Michael Graham

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DCV
GRAHAM, LEWIS W JR
7800 BELFORT PKWY #100
JACKSONVILLE FL 32256

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SALEM, EDWARD B
7800 BELFORT PKWY #100
JACKSONVILLE FL 32256

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

BVPS
OLSON, CRAIG W
7800 BELFORT PKWY #100
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

Catherine J. Gray
7800 BELFORT PARKWAY STE. 100
JACKSONVILLE, FL 32256

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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-07/01/98--01011--033
***150.00

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:

Catherine J. Gray

6/22/98

904.281.2200

CR2E034 (10/97)