1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90170 039 ***150.00

DOCUMENT # F9600001686

| Corporation | n Name | | | | 1 | | | |
|---|---|----------------------------------|-------------------------------|-------------------------------|--|---|-----------------|---|
| WICKES MORTGAGE LENDING, INC. | | | | | | | | |
| ******** | | | | | | 1 1 90 11 16 111 6 1211 2011 25 111 26 111 26 111 26 111 | | |
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | |) | | |
| 7800 BELFORT PKWY #100 7800 BELFORT PKWY #100 | | | | | | | | |
| JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 | | | | | | | | |
| | | | | | <u> </u> | DO NOT WRITE IN THE | S SPACE | |
| | | | | | 3. | Date Incorporated or Qualifed 03/29/1996 | | |
| | (Durling) | 2a, Mailing Address | | | _ | FEI Number | Anr | olied For |
| ─ ` | ace of Business | <u> </u> | | | 4. | 59-3359527 | <u> </u> | Applicable |
| Suite, Apt. | # ote | Suite, Apt. #, etc. | | | - | | \$8.75 A | |
| - - | #, G IO- | 27 | | | 5. | Certificate of Status Desired | Fee Rei | |
| City & State | 9 | City & State | | | a | Election Campaign Financing | \$5.00 | May Re |
| 23 | • | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip | | | | Country | | This corporation owes the current year Ir | ntangible | _ |
| 24 | 25 29 3 | | | J | | Personal Property Tax. | Yes | ⊠ 400 |
| 9. Name and Address of Current Registered Agent | | | | | 10. | Name and Address of New Registered | l Agent | |
| | | | | 81 Name | r.L. | Berine J. Gray_ | | |
| HOLLAND & KNIGHT | | | | 82 Street Addre | reet Address (P.O. Box Nymber is Not Acceptable) | | | |
| 1 INDEPENDENT DR #2000 | | | | 1600 Belfort Parkuny | | | | |
| JACKSONVILLE FL 32201 | | | | 83 Saite 100 | | | | |
| • | | | | 84 City 85 Zip Code | | | | |
| | | | | J | | ic <i>sonuille</i> Fi | L 1.52 | 256 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | , the al | pove-named corpo | ratio | n submits this statement for the purpose o | of changing its | registered |
| office or re agent. I a | egistered agent, or both, in the State of m familjar with, and accept the obligation | ons of, Section 807.0505, Florid | a Statu | ites. | | oard of directors. I hereby accept the appo | JANUAR GO TOE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SIGNATURE ON YOUR AND A HER | | | | Cather | ine | e J. Cray VP | 4/20/99 | ĵ |
| Signature, typed or printed name of registered agent and title it applicable. (NOTE: Ke | | | | Agent signature required | when (| reinstating) — DATE | UD DIDERTO | DO 111 40 |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| TITLE | P DELETE | | | 1.1 TITLE | | | | |
| NAME. | SALEM, EDWARD B | | 1.2 NAME | | | | | l |
| STREET ADDRESS | 7800 BELFORT PKWY #100 | | 1.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | DELETE | 2.1 TIT | TY-ST-ZIP | | | Change | Addition |
| TITLE | SVPS | DELLE | | | | | | |
| NAME | OLSON, CRAIG W | | 22 NAME 2.3 STREET ADDRESS | | | | | |
| STREET ADDRESS | | | | | | | | |
| CfTY-ST-ZIP | JACKSONVILLE FL DELETE | | + | 2. 4 CITY-ST-ZIP 3.1 TITLE | | | Change | Addition |
| TITLE | · • | | | 3.2 NAME | | | | |
| NAME | CHALL CALLER OF THE COLUMN TO | | | REET ADDRESS | | | | |
| STREET ADDRESS | | | | TY-ST-ZIP | | | | |
| CITY-ST-ZIP | UNUNGONVILLE I L 32230 | ☐ DELETE | 4.1 33 | | | | ☐ Change | ☐ Addition |
| | | <u></u> | 4. 2 N | | | | | _ |
| NAME OTDEET ADDRESS | | | | REET ADDRESS | | | | |
| STREET ADDRESS | | | | TY-ST-ZIP | | | | |
| 5.41 f - N t - / iP | | | = 7.7 UI | | | | | |

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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

☐ Change

☐ Change

Addition

☐ Addition