

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005806**

1. Corporation Name

**CIMARRON MORTGAGE COMPANY**

Principal Place of Business

**460 BRIARWOOD DR  
STE 415  
JACKSON MS 39206  
US**

Mailing Address

**P.O. BOX 12830  
JACKSON MS 39236-2830  
US**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip Country

**29** Zip Country

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/04/1996**

4. FEI Number

**64-0809254**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.0502 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 **DP** ☐ DELETE  
NAME **SALVO, PAUL J**  
STREET ADDRESS **6225 WATERFORD DR**  
CITY-ST-ZIP **JACKSON MS 39211**

TITLE **DV** ☐ DELETE  
NAME **HENLEY, GEORGE T**  
STREET ADDRESS **731 WOODGATE DR**  
CITY-ST-ZIP **MADISON MS 39110**

TITLE **S** ☐ DELETE  
NAME **SCOTT, LINDA**  
STREET ADDRESS **107 CONCORD DR**  
CITY-ST-ZIP **CLINTON MS 39056**

TITLE **DC** ☐ DELETE  
NAME **MCREE, MICHAEL T**  
STREET ADDRESS **1611 DIVINE ST**  
CITY-ST-ZIP **JACKSON MS 39202**

TITLE **D** ☐ DELETE  
NAME **BAILEY, H C JR**  
STREET ADDRESS **14 E HILL DR**  
CITY-ST-ZIP **JACKSON MS 39216**

TITLE **D** ☐ DELETE  
NAME **GARNETT, GERALD**  
STREET ADDRESS **263 FOREST LAKE DR**  
CITY-ST-ZIP **MADISON MS 39110**

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

**115 Eastpointe Circle  
Madison, MS 39110**

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

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

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.

SIGNATURE:

**Mary M. York**  
Mary M. York  
Controller

**4/27/99**

**601-899-1500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)