

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90029 014 ***150.00

DOCUMENT # F96000006749

1. Corporation Name

BEAZER MORTGAGE CORPORATION

Principal Place of Business

5775 PEACHTREE DUNWOODY RD. SUITE C-550
ATLANTA GA 30342

Mailing Address

5775 PEACHTREE DUNWOODY RD. SUITE C-550
ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

58-2203537

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

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

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	CD	<input type="checkbox"/> DELETE
NAME	BEAZER, BRIAN C	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, SUITE C-550	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCARTHY, IAN J	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, SUITE C-550	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	RCEO	<input checked="" type="checkbox"/> DELETE
NAME	SIMONS, PETER H	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, SUITE C-550	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	WEISS, DAVID S	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, SUITE C-550	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, JENNIFER P	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, SUITE C-550	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PCEO
3.3 STREET ADDRESS	CORY J. BOYDSTON
3.4 CITY-ST-ZIP	5775 PEACHTREE DUNWOODY RD, STE 550 ATLANTA GA 30342
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

JENNIFER P JONES

4/12/99

Date

404/250-3420

Daytime Phone #

CR2E034 (1/1/98)