

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90045 050 ***150.00

DOCUMENT # **F97000003340**

1. Corporation Name

21ST CENTURY HOME MORTGAGE CORPORATION

Principal Place of Business

**607 MARKET STREET, SUITE 521
KNOXVILLE TN 37902**

Mailing Address

**607 MARKET STREET, SUITE 521
KNOXVILLE TN 37902**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

76-0478830

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

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**

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 **D** ☐ DELETE
NAME **CLAYTON, KEVIN S**
STREET ADDRESS **623 MARKET STREET, STE 800**
CITY-ST-ZIP **KNOXVILLE TN 3791**

TITLE **D** ☐ DELETE
NAME **DAHLSON, RICHARD**
STREET ADDRESS **901 MAIN STREET, STE 6000**
CITY-ST-ZIP **DALLAS TX 75202**

TITLE **CFO** ☐ DELETE
NAME **RAY, RICHARD B**
STREET ADDRESS **607 MARKET STREET - SUITE 521**
CITY-ST-ZIP **KNOXVILLE TN 37901**

TITLE **CIO** ☐ DELETE
NAME **CONNER, JAMES R**
STREET ADDRESS **607 MARKET STREET - SUITE 521**
CITY-ST-ZIP **KNOXVILLE TN 37901**

TITLE **D** ☐ DELETE
NAME **DAWSON, L A**
STREET ADDRESS **2221 E. LAMAR BLVD**
CITY-ST-ZIP **ARLINGTON TX 76006**

TITLE **D** ☐ DELETE
NAME **REYNOLDS, CRAIG A**
STREET ADDRESS **2450 SOUTH SHORE BLVD - STE. 300**
CITY-ST-ZIP **LEAGUE CITY TX 77573**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5000 Clayton Road**
1.4 CITY-ST-ZIP **Maryville, TN 37804**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **President**
2.3 STREET ADDRESS **Tim Williams**
2.4 CITY-ST-ZIP **607 Market Street, Ste. 521**
Knoxville, TN 37901

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Finis F. Teeter**
3.3 STREET ADDRESS **2450 South Shore Blvd., Ste. 300**
3.4 CITY-ST-ZIP **League City, TX 77573**

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **2221 E Lamar Blvd, Ste. 790**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Conner

Date

Daytime Phone #

3/3/99

(423) 523-2120

CR2E034 (11/98)