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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F97267

(1)

1. Corporation Name:

AMERICAN HOME MORTGAGE CORP.

Principal Place of Business

90 FIRST STREET SO.
SUITE F
WINTER HAVEN FL 33880
US

Mailing Address

90 FIRST STREET SO.
SUITE F
WINTER HAVEN FL 33880-3011
US

2. Principal Place of Business

21 4110 S. FLORIDA AVENUE
Suite, Apt. #, etc.

22 City & State

23 LAKE LAND, FL

24 33813

25 POLK

2a. Mailing Address

26 4110 S. FLORIDA AVENUE
Suite, Apt. #, etc.

27 City & State

28 LAKE LAND, FL

29 33813

30 POLK

9. Name and Address of Current Registered Agent

STEPHENS, DONALD K
4110 SOUTH FLORIDA AVENUE
LAKE LAND FL 33813

3. Date Incorporated or Qualified

08/24/1982

3a. Date of Last Report

01/26/1996

4. FEI Number

59-2220013

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

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 V ☒ DELETE

NAME ODUM, MAURIAN J.
STREET ADDRESS 4222 S. FLORIDA AVENUE
CITY - ST - ZIP LAKE LAND FL

TITLE PD ☐ DELETE

NAME STEPHENS, DONALD K
STREET ADDRESS 4110 SO FL AVE
CITY - ST - ZIP LAKE LAND, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD K STEPHENS

2-24-97

Date

(941) 446-5881

Daytime Phone #

CR2E034 (9/96)