

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90137 032 ***150.00

DOCUMENT # F98000003417

1. Corporation Name
C.M.A. MORTGAGE, INC.

Principal Place of Business
**212 J.H. WALKER DRIVE
PENDLETON IN 46064**

Mailing Address
**212 J.H. WALKER DRIVE
PENDLETON IN 46064**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/16/1998

4. FEI Number
35-1887380

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ n/a **\$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
21 212 J.H. Walker Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 212 J.H. Walker Drive
Suite, Apt. #, etc.

22 City & State
23 Pendleton, IN

27 City & State
28 Pendleton, IN

24 Zip Country
46064 Madison

29 Zip Country
46064 Madison

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
CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
83
84 City
Plantation 85 Zip Code
FL 33324

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 **n/a - Same agent as we had in 1998**

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 | P | <input type="checkbox"/> DELETE |
| NAME | MARTIN, CLAYTON | |
| STREET ADDRESS | 212 J.H. WALKER DRIVE | |
| CITY-ST-ZIP | PENDELTON IN 46064 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MARTIN, LANA | |
| STREET ADDRESS | 212 J.H. WALKER DRIVE | |
| CITY-ST-ZIP | PENDELTON IN 46064 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | Vice President, Gen. Mgr. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Jeff Martin | |
| 1.3 STREET ADDRESS | 212 J.H. Walker Drive | |
| 1.4 CITY-ST-ZIP | Pendleton, IN 46064 | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 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: **Clayton Martin** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 765-778-8541

Date

Daytime Phone #

CR2E034 (1/98)