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 # F9800007089

PINE STATE MORTGAGE CORPORATION

7		- ah'-			·						
Principal Place of Business Mailing Address							(198(198 (114 (819(18))) SOM \$8)() BE()) BE		/	
6065 ROSWELL RD., STE. 120 6065 ROSWELL RD., STE. 12 ATLANTA GA 30328 ATLANTA GA 30328								•			
ATLANTA GA 30328 ATLANTA GA 30328							DO NOT WRITE IN THIS SPACE				
							3.	. Date Incorporated or Qualifed			
							1	12/28/1998		ē	•
2. Principal Place of Business 2a. Mailing Address								, FEI Number	,		Applied For
21 Suite Ant	. и	26					Ę	58-1932034			Not Applicable
Suite, Apt		Suite, Apt. #, etc.			i	5.	Certifcate of Status Desired			Additional Required	
City & Sta	ate .	City & State					Election Campaign Financing		\$5.0	0 May Be	
Zip	Country	28				+	Trust Fund Contribution			d to Fees	
24	Country	Zip	⊢ ′					This corporation owes the cur	rent year		
24	25 9. Name and Address of Current	29 Agent	30					Personal Property Tax.	5 1-4-	Yes	□No
	5. Haine and Address of Quiters	Kedistaten Whatit		81	Nam	ne	10.	Name and Address of New	Register	ed Agent	
MCD	UFFIE & JONES INVESTIGATIONS	ı									
1715 STICKNEY POINT RD. 8-5				82 Street Address				O. Box Number is Not Accept	able)		
SARASOTA FL 34231				83					<u> </u>	- A-4	3.8.3 5.4
								e e e e e e e e e e e e e e e e e e e			
				84	City			and the sales of the	= 34° 2 28° ■		Code
11. Pursuani	t to the provisions of Sections 607.0502	and 607 1508. Florida Str	tutes the s	have	e-pamo	ed cornor	ration	a cultimite this statement for the		*L	- radiatorad
Unice Of	registered agent, or both, in the State of	a Fionua. Such change was	s autnonze	a by i	the co	rporation	i's bo	pard of directors. I hereby acce	pt the ap	pointment as r	egistered
	am familiar with, and accept the obligation.	ons of, Section 607.0505, i	Florida Stat	utes.	•						-
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registered	1 Agen	ıt signatu	v bettuper en	when re	einstation)	DATE		
12.	OFFICERS AND		13.					ADDITIONS/CHANGES TO OF			ORS IN 12
TILE	S	☐ DELETE	1.1 ∏	TLE						Change	
NAME	MOTLEY, JEANNE		1.2 N	AME				•			
STREET ADDRESS	11820 MOUNTAIN LAUREL DR.		1.3 S	TREET	ADDRES	38		•			
CITY-ST-ZIP	ROSWELL GA 30075		1.4 CI	ITY-ST	r-ZIP	ļ					
TITLE	CEOP	☐ DELETE	2.1 TI							☐ Change	Addition
NAME	MOTLEY, ROBERT H		2.2 N	AME							_
STREET ADDRESS	11820 MOUNTAIN LAUREL DR.		2.3 ST	REET	ADDRES	is .					
CITY-ST-ZIP	ROSWELL GA 30075		2.4 C	ITY-S1	T-ZIP			•		•	
TITLE	V	☐ DELETE	3.1 TF							☐ Change	Addition
NAME	WOOD, WILLIAM F		3.2 N	₩E							
STREET ADDRESS	115 MAJOR CT.		3.3 \$1	REET	ADDRES	is					
C/TY-ST-ZIP	ROSWELL GA 30076		3.4. C	ITY-ST	r-ZIP	ĺ			- '(Na San San Resignation	
TITLE	V	☐ DELETE	4.1 TI	ΠE		1			7.	Change	Addition
NAME	DYKES, PEGGY		4. 2 N	AME							=
	1560 BOXWOOD TRACE		4.3 ST	REET	ADDRES	s .					
CITY-ST-ZIP	ACKWORTH GA 03102		4.4 CT	TY-ST-	-ZIP	'					
TITLE		☐ DELETE	5.1 TI7			 		·		Change	Addition
NAME			5.2 NA	ME						-	_
STREET ADDRESS	ĺ		5.3 ST	REET/	ADDRES	s					'

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 chapted or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

QUIRED

☐ DELETE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90022 004 ***150.00

☐ Change

Addition

CR2E034 (11/98)