FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

DOCUI	MENT # G600	03 (2)				
	JILDERS MORTGAGE CC	OMPANY, INC.				
Principal Place	of Business	Mailing Address		a sometien main meite mitter mitte ditter	I LIM WYDLI DYDLI DID	it grånt blått bibli tååt
4104 W LINEBAUGH TAMPA FL 33624		4104 W LINEBAUGH TAMPA FL 33624				
A. Deinstrad Di				3. Date Incorporated or Qualified 09/19/1983	3a. Date of 06/0	Last Report 1/1995
z, Principai Pi.	ace of Business	2a, Mailing Address		4, FEI Number		Applied for
Suite, Apt.	#, etc.	Suite, Apt #. etc		59-2329271	····	Not Applicable
City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required
Z ₁₀	······································	28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Country 25	2ψ 29]	Country 30	This corporation has liability for Florida Statutes		nders 199.032,
	9. Name and Address of Cur		130	Fiorida Statutes Yes 10. Name and Address of New R	~	
			81 Name	Head and Property of Head I	A State Lett Mile	
MOBLEY, TIMOTHY F. 4104 W LINEBAUGH AVE		82 Street Ad	dress (P.O. Box Number is Not Acceptab	JA		
			Street Ad	uress true: oux number is not Acceptab	nej	
TAMPA F	L 33624		83			
17MILY I						
TOMIL A 1			84 City		E1 8	Zip Code
	o the provisions of Sections 607.0 ed agent, or both, in the State of f	502 and 607.1508. Florida Stati jorkla: Such change was author		oration submits this statement for the pur	-	
11. Pursuant t or register familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of f h, and accept the obligations of, S	502 and 607.1508. Florida Stati lorida. Such change was author lection 607.0505, Florida Statute		pration submits this statement for the pur ard of directors. Hereby accept the appe	-	
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I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 conjugation 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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day*me Phone #

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