

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G71964** (2)
1. Corporation Name
ALLEN C. EWING MORTGAGE AND REALTY, INC.



Principal Place of Business: **100 N. TAMPA STREET, 2100, TAMPA FL 33602, US**
Mailing Address: **100 N. TAMPA ST, 2100, TAMPA FL 33602, US**

3. Date Incorporated or Qualified: **11/29/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2360541**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip, Country
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent
**MCCRAW, ROY J.
100 N. TAMPA ST.
SUITE 2100
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name: **Benjamin C. Bishop, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **50 N. Laura Street, Suite 3625**
83
84 City: **Jacksonville, FL** 85 Zip Code: **32202**

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: *Benjamin C. Bishop, Jr.* (DATE)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HARRIS, CHARLES E	
STREET ADDRESS	1030 N ORANGE AVE STE 300	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BISHOP, BENJAMIN C	
STREET ADDRESS	50 N. LAURA ST., SUITE 3625	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	D'ADAMO, JEFFREY A	
STREET ADDRESS	100 N TAMPA ST STE 300	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEDGECOCK, SUZANNE D	
STREET ADDRESS	1030 N ORANGE AVE STE 300	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANDERSON, SHAARON	
STREET ADDRESS	50 N. LAURA ST., SUITE 3625	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCCRAW, ROY	
STREET ADDRESS	100 N. TAMPA ST., SUITE 2100	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: *Benjamin C. Bishop, Jr.* Benjamin C. Bishop, Jr. 904-354-5573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filed

CR2E034 (12/95)