

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # G98087 (1)**

1. Corporation Name

**PROFESSIONAL BANCORP MORTGAGE COMPANY**

Principal Place of Business

**245 PEACHTREE CTR AV.  
STE 1100  
ATLANTA GA 30303  
US**

Mailing Address

**245 PEACHTREE CTR AV  
STE 1100  
ATLANTA GA 30303  
US**

**APPROVED  
AND  
FILED**

**95 APR 17 PM 3:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**04/12/1984**

3a. Date of Last Report

**04/11/1994**

4. FEI Number

**59-2392313**

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**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                        |
|----------------|----------------------------------------|
| TITLE          | <b>DV</b>                              |
| NAME           | <b>SMARTT, ROBERT L</b>                |
| STREET ADDRESS | <b>245 PEACHTREE CTR AVE, STE 1100</b> |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>                      |
| TITLE          | <b>DST</b>                             |
| NAME           | <b>STRICKLAND, EDD M.</b>              |
| STREET ADDRESS | <b>245 PEACHTREE CTR AVE, STE 1100</b> |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>                      |
| TITLE          | <b>DP</b>                              |
| NAME           | <b>MCCULLAGH, RONALD D</b>             |
| STREET ADDRESS | <b>245 PEACHTREE CTR AV. #1100</b>     |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>                      |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |
| TITLE          |                                        |
| NAME           |                                        |
| STREET ADDRESS |                                        |
| CITY-ST-ZIP    |                                        |

|                    |                                           |                                                                              |
|--------------------|-------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>DV/VP/AS</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Deborah V Chandler</b>                 |                                                                              |
| 1.3 STREET ADDRESS | <b>245 Peachtree Center Ave, Ste 1100</b> |                                                                              |
| 1.4 CITY-ST-ZIP    | <b>Atlanta GA 30303</b>                   |                                                                              |
| 2.1 TITLE          | <b>DIST.</b>                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>J. Michael Buzanier</b>                |                                                                              |
| 2.3 STREET ADDRESS | <b>245 Peachtree Center Ave, Ste 1100</b> |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>Atlanta, GA 30303</b>                  |                                                                              |
| 3.1 TITLE          | <b>SAME</b>                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                                           |                                                                              |
| 3.3 STREET ADDRESS |                                           |                                                                              |
| 3.4 CITY-ST-ZIP    |                                           |                                                                              |
| 4.1 TITLE          | <b>VP/AS - officer only</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>Faye O. Hagg</b>                       |                                                                              |
| 4.3 STREET ADDRESS | <b>245 Peachtree Center Ave, Ste 1100</b> |                                                                              |
| 4.4 CITY-ST-ZIP    | <b>Atlanta GA 30303</b>                   |                                                                              |
| 5.1 TITLE          | <b>VP/AS - officer only</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | <b>Lamar V. Hallman</b>                   |                                                                              |
| 5.3 STREET ADDRESS | <b>245 Peachtree Center Ave, Ste 1100</b> |                                                                              |
| 5.4 CITY-ST-ZIP    | <b>Atlanta GA 30303</b>                   |                                                                              |
| 6.1 TITLE          | <b>VP/AS, officer only</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>Richard Currian</b>                    |                                                                              |
| 6.3 STREET ADDRESS | <b>245 Peachtree Center Ave, Ste 1100</b> |                                                                              |
| 6.4 CITY-ST-ZIP    | <b>Atlanta GA 30303</b>                   |                                                                              |

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 110.07(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 omitted or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald D. McCullagh, President**

**4.4.95**

Date

**404.230.6362**

Telephone (Area #)