FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

5-1-95 8:52 15

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H27206** **(2)**

1. Corporation Name
UNITED FIRST MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
800 ROCKLEY BLVD VENICE FL 34293 US	50 N LAURA ST 9TH FLR [redacted] MC 099-000-1812 JACKSONVILLE FL 34293 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1984
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 59-2481285 ☐ Applied For ☐ Not Applicable

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 **on consolidated basis**

9. Name and Address of Current Registered Agent

HEAD, JAMES A
50 N LAURA STREET [redacted] MC 099-000-1812
[redacted]
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JARBOE, LLOYD ALLEN JR	12 NAME	
STREET ADDRESS	50 N LAURA STREET	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	SVP	21 TITLE	☐ Change ☐ Addition
NAME	HEAD, JAMES A	22 NAME	
STREET ADDRESS	50 N LAURA STREET	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ALLEN, REBECCA	32 NAME	
STREET ADDRESS	340 S PINEAPPLE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	~~T~~	41 TITLE	T/V ☒ Change ☐ Addition
NAME	BELTRAM, BILLIE	42 NAME	
STREET ADDRESS	800 ROCKLEY BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	~~BREWER, RICHARD G~~	52 NAME	ANDERSON, RICK
STREET ADDRESS	~~800 ROCKLEY BLVD~~	53 STREET ADDRESS	1000 CENTURY PARK DRIVE
CITY-ST-ZIP	~~VENICE FL~~	54 CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	~~PEARSON, DAVID W~~	62 NAME	GIANNOLA, RICH
STREET ADDRESS	240 S PINEAPPLE AVE	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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: _____ James A. Head (904) 791-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary and Vice President — 4/5/95

001H02 CP