FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL -7 AM 9:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H28158** **(4)**

1. Corporation Name

RICHARD RAHALL MORTGAGE CO., INC.

Principal Place of Business	Mailing Address
% RICHARD RAHALL 300 31ST STREET NORTH, SUITE 224 ST. PETERSBURG FL 33713	% RICHARD RAHALL 300 31ST STREET NORTH, SUITE 224 ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1984
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business	2a. Mailing Address
21 6798 Crosswinds Drive No	26 6798 Crosswinds Drive No
Suite, Apt. #, etc. 22 Suite E104	Suite, Apt. #, etc. 27 Suite E104
City & State 23 St Petersburg, FL	City & State 28 St Petersburg, FL
Zip / Country 24 33710 / 25 USA	Zip / Country 29 33710 / 30 USA

4. FEI Number: 59-2463130 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RAHALL, RICHARD 300 31ST STREET NORTH SUITE 224 ST. PETERSBURG FL 33713	81 Name: Rahall, Richard 82 Street Address (P.O. Box Number is Not Acceptable): 6798 Crosswinds Drive North # E104 83 84 City: St Petersburg, FL 85 Zip Code: 33710

11. Pursuant to the provisions of Sections ~~607.0502~~ and 607.1509, 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, if typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	1.1 TITLE		☐ Change ☐ Addition
NAME	RAHALL, RICHARD	1.2 NAME		
STREET ADDRESS	113 - 5TH ST., E.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP		
TITLE	VT	2.1 TITLE		☐ Change ☐ Addition
NAME	RAHALL, KIMBERLY	2.2 NAME		
STREET ADDRESS	113 - 5TH ST., E.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308444 CP