

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H28158

(4)

1. Corporation Name

RICHARD RAHALL MORTGAGE CO., INC.

Principal Place of Business

6798 CROSSWINDS DR NO
SUITE E104
ST. PETERSBURG FL 33710
US

Mailing Address

6798 CROSSWINDS DR NO
SUITE E104
ST. PETERSBURG FL 33710-5479
US

3. Date Incorporated or Qualified

10/26/1984

3a. Date of Last Report

08/14/1996

2. Principal Place of Business

2a. Mailing Address

21 1135 Pasadena Avenue So
Suite, Apt. #, etc.

26 1135 Pasadena Avenue So
Suite, Apt. #, etc.

22 Suite 100
City & State

27 Suite 100
City & State

23 St Petersburg, FL
Zip Country

28 St Petersburg, FL
Zip Country

24 33707

25 USA

29 33707

30 USA

9. Name and Address of Current Registered Agent

RAHALL, RICHARD
6798 CROSSWINDS DR NO
E104
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1135 Pasadena Avenue South # 100

83

84 City

St Petersburg

FL

85 Zip Code
33707

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	RAHALL, RICHARD	
STREET ADDRESS	113 - 5TH ST., E.	
CITY- ST- ZIP	TIERRA VERDE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	RAHALL, KIMBERLY	
STREET ADDRESS	113 - 5TH ST., E.	
CITY- ST- ZIP	TIERRA VERDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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: Kimberly Rahall

4-28-97

813-867-0725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0376900

CR2E034 (9/96)

FILED
May 14 1997 8:00am
Secretary of State

