FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **H33030** **(8)**

1. Corporation Name
INDEPENDENT MORTGAGE CORP.

Principal Place of Business	Mailing Address
698 W. HIGHWAY 50 CLERMONT FL 34712-1336 US	P.O.BOX 121336 CLERMONT FL 32712-1336

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/06/1984**
3a. Date of Last Report: **01/28/1994**

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:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **59-2484071** ☐ 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

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

9. Name and Address of Current Registered Agent

BAIRD, LEONARD H., JR.
635 WEST HIGHWAY 50
CLERMONT FL 34711

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 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	LEE,STEPHEN D.	12 NAME	
STREET ADDRESS	1411 16TH STREET	13 STREET ADDRESS	
CITY, ST, ZIP	CLERMONT FL	14 CITY, ST, ZIP	
TITLE	V/D	21 TITLE	☐ Change ☐ Addition
NAME	LEE, SALLY	22 NAME	
STREET ADDRESS	1411 16TH STREET	23 STREET ADDRESS	
CITY, ST, ZIP	CLERMONT FL 34711	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	Sec.-Treas.
STREET ADDRESS		33 STREET ADDRESS	Ginger M. Williams
CITY, ST, ZIP		34 CITY, ST, ZIP	15749 Tower View Clermont, FL 34711
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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)(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 in an amended report, or on an attachment with an address.

SIGNATURE: Sally J. Lee SALLY J LEE, V/D 4/30/95 904/394-4003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0481960 FP