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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:35

DOCUMENT # **H37310** **(0)**

1. Corporation Name

ATLANTIC MORTGAGE & INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
% JOSEPH L. MCDANIELS 4348 SOUTHPOINT BLVD., STE 101 JACKSONVILLE FL 32216	% JOSEPH L. MCDANIELS 4348 SOUTHPOINT BLVD., STE 101 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1985	3a. Date of Last Report: 06/28/1994
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) Country (25)	Zip (29) Country (30)
4. FEI Number: 59-2483023 ☐ 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

BYERS, JOHN R.
50 N LAURA ST
S-2800
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 _____ (NOTE: Registered Agent signature required when restating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☐ Addition
NAME	CRITELLI, MICHAEL J	12 NAME	
STREET ADDRESS	201 MERRITT 7	13 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	14 CITY ST ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	MCDANIELS, JOSEPH L.	22 NAME	
STREET ADDRESS	4348 SOUTHPOINT BVLD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	HUDSON, G KIRK	32 NAME	
STREET ADDRESS	201 MERRITT 7	33 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HUGHES, CHRISTIAN D	42 NAME	
STREET ADDRESS	201 MERRITT 7	43 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	44 CITY ST ZIP	
TITLE	DTV	51 TITLE	☐ Change ☐ Addition
NAME	MAARBJERG, MARY P	52 NAME	
STREET ADDRESS	201 MERRITT 7	53 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, KEITH H	62 NAME	
STREET ADDRESS	201 MERRITT 7	63 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT	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 if changed, or on an attachment with an address.

SIGNATURE: J. McDaniels Joseph L. McDaniels, Pres. 4-10-95 904 296-1400

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

0010705 CP