

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90062 031 ***150.00

DOCUMENT # H37310

1. Corporation Name

ATLANTIC MORTGAGE & INVESTMENT CORPORATION

Principal Place of Business

% JOSEPH L. MCDANIELS
4348 SOUTHPOINT BLVD., STE 101
JACKSONVILLE FL 32216

Mailing Address

% 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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **7159 Corklan Drive**

2a. Mailing Address

26 **7159 Corklan Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Jacksonville FL**

City & State

28 **Jacksonville FL**

Zip Country

24 **32258**

25

Zip Country

29 **32258**

30

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

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 DC ☐ DELETE

NAME CRITELLI, MICHAEL J

STREET ADDRESS 201 MERRITT 7

CITY-ST-ZIP NORWALK CT

TITLE DP ☐ DELETE

NAME MCDANIELS, JOSEPH L.

STREET ADDRESS 4348 SOUTHPOINT BLVD.

CITY-ST-ZIP JACKSONVILLE FL

TITLE DV ☐ DELETE

NAME HUDSON, G KIRK

STREET ADDRESS 201 MERRITT 7

CITY-ST-ZIP NORWALK CT

TITLE D ☐ DELETE

NAME HUGHES, CHRISTIAN D

STREET ADDRESS 201 MERRITT 7

CITY-ST-ZIP NORWALK CT

TITLE DTV ☐ DELETE

NAME RAMOS, JEFFREY J.

STREET ADDRESS 201 MERRITT 7

CITY-ST-ZIP NORWALK CT

TITLE D ☐ DELETE

NAME WILLIAMSON, KEITH H

STREET ADDRESS 201 MERRITT 7

CITY-ST-ZIP NORWALK CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**7159 Corklan Dr
Jacksonville, FL 32258**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/99 (904) 260-2642

CR2E034 (11/98)