

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90160 004 ***150.00

DOCUMENT # H44198

1. Corporation Name

INDEPENDENT MORTGAGE OF TAMPA BAY, INC.

Principal Place of Business

2901 W BUSCH BLVD
SUITE 1005
TAMPA FL 33618
US

Mailing Address

2901 W BUSCH BLVD
SUITE 1005
TAMPA FL 33618
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1985

4. FEI Number

59-2494955

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. 14502 N DALE MBRAY

Suite, Apt. #, etc.

22. SUITE 200

City & State

23. TAMPA FL

Zip

24. 33618

County

25. Hillsborough

2a. Mailing Address

26. P.O. Box 273328

Suite, Apt. #, etc.

27.

City & State

28. TAMPA FL

Zip

29. 33688-3328

Country

30. Hillsborough

9. Name and Address of Current Registered Agent

ALLGOOD, BOBBY A.
2515 COUNTRYSIDE BLVD.
SUITE E
DUNEDIN FL 34623

10. Name and Address of New Registered Agent

81. Name ALLGOOD, BOBBY A
82. Street Address (P.O. Box Number is Not Acceptable)
537 DOUGLAS AVE
83. SUITE 18
84. City DUNEDIN FL 85. Zip Code 34698

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 P
NAME MCBRAYER, PATRICIA A.
STREET ADDRESS 3803 WOODROFFE COURT
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME PATRICIA A MCBRAYER
1.3 STREET ADDRESS 3405 ELLENWOOD LN
1.4 CITY-ST-ZIP TAMPA FL 33618

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 a different like empowered.

SIGNATURE: Patricia A. McBrayer PATRICIA A MCBRAYER 4-23-99 813 908 9655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)