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

APPROVED AND FILED

95 MAY -1 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H49501

1. Corporation Name
VISTA MORTGAGE COMPANY

Principal Place of Business	Mailing Address
1900 East Robinson Street Orlando, Florida 32803	1900 East Robinson Street Orlando, Florida 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1985
3a. Date of Last Report:

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: 59-2543544 ☐ 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

SPENCER, STEVEN A.
1900 East Robinson Street
Orlando, Florida 32803

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRESIDENT	11 TITLE ☐ Change ☐ Addition
NAME	DAVID A. WILSON	12 NAME
STREET ADDRESS	1422 Cole Road Orlando, Florida 32803	13 STREET ADDRESS
CITY ST ZIP	Orlando, Florida 32803	14 CITY ST ZIP
TITLE	SECRETARY	21 TITLE ☐ Change ☐ Addition
NAME	DAVID A. WILSON	22 NAME
STREET ADDRESS	1422 Cole Raod	23 STREET ADDRESS
CITY ST ZIP	ORLANDO, FLORIDA 32803	24 CITY ST ZIP
TITLE	TREASURE	31 TITLE ☐ Change ☐ Addition
NAME	DAVID A. WILSON	32 NAME
STREET ADDRESS	1422 COLE ROAD	33 STREET ADDRESS
CITY ST ZIP	ORLANDO, FLORIDA 32803	34 CITY ST ZIP
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

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****200.00 ****200.00

T.S. 5/1/95

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)(k), 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 added to the report with an address.

SIGNATURE: DAVID A. WILSON, PRESIDENT — 28 April, 1995 — (407) 898-0183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #