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 APR 28 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H78999** **(0)**

1. Corporation Name
RAC MORTGAGE AND REALTY COMPANY

Principal Place of Business	Mailing Address
4251 SPRUCE CREEK ~~BLDG 11~~ ~~PORT ORANGE FL 32119~~ US	BOX 290339 PORT ORANGE FL 32129 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 5104 S. Ridgewood	26 P.O. Box 290339
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Port Orange, Fl.	City & State 28 Port Orange, Fl.
Zip 24 32129 Country 25 US	Zip 29 32129 Country 30 US

4. FEI Number: 59-2600292 ☐ 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

COLEMAN, RA
~~4251 SPRUCE CREEK RD~~
~~BLDG 1 UNIT 1~~
~~PT ORANGE FL 32119~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5104 S. Ridgewood Ave
83 Robert Mervine P.O. Box 290339
84 City: Port Orange FL 85 Zip Code: 32129

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	V	1.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN ROY	1.2 NAME	
STREET ADDRESS	~~4251 SPRUCE CREEK RD 11~~	1.3 STREET ADDRESS	5104 S. Ridgewood Ave.
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	Port Orange, Fl. 32129
TITLE	PST	2.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, ROY	2.2 NAME	
STREET ADDRESS	~~4251 SPRUCE CREEK BLDG 1 UNIT 1~~	2.3 STREET ADDRESS	5104 S. Ridgewood Ave.
CITY-ST-ZIP	PT ORANGE FL	2.4 CITY-ST-ZIP	Port Orange, Fl. 32129
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 on an attachment with an address.

SIGNATURE: _____ R.A. Coleman 4-21-95 904-767-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403414 FP