

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 1:41

DOCUMENT # **H89621 (7)**  
1. Corporation Name  
**THE MORTGAGE LION, INC.**

Principal Place of Business Mailing Address  
**3015 HARTLEY RD STE 15 JACKSONVILLE FL 32257** **3015 HARTLEY RD STE 15 JACKSONVILLE FL 32257**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/10/1985** 3a. Date of Last Report **03/03/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2611613</b>	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
		29	30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JETER, WILLIAM H JR 3030 HARTLEY RD 32257 32207-9129</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNALL, JOSEPH H.</b>	1.2 NAME	
STREET ADDRESS	<b>830 THIRD ST #102</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWEN, JAMES C., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>3015 HARTLEY RD 15</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWEN, LINDA</b>	3.2 NAME	<b>RESIGNED</b>
STREET ADDRESS	<b>3015 HARTLEY RD 15</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JAX FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WILLIS W</b>	4.2 NAME	<b>RESIGNED</b>
STREET ADDRESS	<b>3015 HARTLEY RD 15</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

*James Bowen* 3/13/95 (904) 260-6550