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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **J00885** **(0)**

1. Corporation Name

SWD MORTGAGE COMPANY

Principal Place of Business	Mailing Address
7301 BAYMEADOWS WAY P. O. BOX 44090 JACKSONVILLE FL 32231	7301 BAYMEADOWS WAY P. O. BOX 44090 JACKSONVILLE FL 32231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/25/1986	02/09/1994

2. Principal Place of Business	2a. Mailing Address
21	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 **59-2650322** ☐ 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

FISH, THOMAS H.
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32216

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	PICKETT, JOE K.	12 NAME	900001468279
STREET ADDRESS	7301 BAYMEADOWS WAY	13 STREET ADDRESS	-04/28/95--01056--001
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	***1800.00 ****200.00
TITLE	VTD	21 TITLE	VTD ☒ Change ☐ Addition
NAME	POWELL, JONATHAN R	22 NAME	Betty L. Francis
STREET ADDRESS	7301 BAYMEADOWS WAY	23 STREET ADDRESS	7301 Baymeadows Way
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonvlile, FL 32256
TITLE	VDS	31 TITLE	☐ Change ☐ Addition
NAME	FISH, THOMAS H.	32 NAME	
STREET ADDRESS	7301 BAYMEADOWS WAY	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	AS ☐ Change ☒ Addition
NAME		42 NAME	J.E. Harden
STREET ADDRESS		43 STREET ADDRESS	7301 Baymeadows Way
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonvlile, FL 32256
TITLE		51 TITLE	AS ☐ Change ☒ Addition
NAME		52 NAME	Barbara L. Verderame
STREET ADDRESS		53 STREET ADDRESS	7301 Baymeadows Way
CITY-ST-ZIP		54 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

bh 4/27

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)(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.

SIGNATURE: Thomas H. Fish Thomas H. Fish 4/25/95 (904) 281-3297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0023078 CP