

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J11832 (9)

1. Corporation Name

NATIONAL AMERICAN MORTGAGE CORPORATION



Principal Place of Business

% JOHN R. LINN  
218 GREEN ACRES ROAD SUITE 400  
FORT WALTON BEACH FL 32547

Mailing Address

% JOHN R. LINN  
218 GREEN ACRES ROAD SUITE 400  
FORT WALTON BEACH FL 32547

3. Date Incorporated or Qualified

04/30/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2686454

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

10. Name and Address of New Registered Agent

LINN, JOHN R.  
218 GREEN ACRES ROAD  
SUITE 400  
FORT WALTON BEACH FL 32548

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

Signature, typed or printed name of nonresident agent and the applicable

(NOTE: Registered Agent signature required when new stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LINN, JOHN R.  
STREET ADDRESS 218 GREEN ACRES RD. #400  
CITY-ST-ZIP FORT WALTON BCH FL

☐ DELETE

TITLE V  
NAME WOERL, JACQUELINE E.  
STREET ADDRESS 218 GREEN ACRES RD. #400  
CITY-ST-ZIP FORT WALTON BCH FL

☐ DELETE

TITLE VD  
NAME LINN, GLENDA M.  
STREET ADDRESS 218 GREEN ACRES RD. #400  
CITY-ST-ZIP FORT WALTON BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY-ST-ZIP

20

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY-ST-ZIP

30

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35

36 TITLE

37 NAME

38 STREET ADDRESS

39 CITY-ST-ZIP

40

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 in an attachment with an address.

SIGNATURE:

John R. Linn

4-26-96

904/862-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)