

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortimer
Secretary of State

APPROVED
AND
FILED

05 MAY -1 AM 8:55

DOCUMENT # J20089

(5)

1. Corporation Name

MONEY SOURCE ONE, MORTGAGE CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Office Location: 10500 SPRINGHILL DRIVE
SUITE A
SPRINGHILL FL 34608

Main Office: 10500 SPRINGHILL DRIVE
SUITE A
SPRINGHILL FL 34608

3. Date incorporated or qualified: 06/17/1986
3a. Date of last report: 05/01/1994

2. Principal Office Location:
21. MONEY SOURCE ONE
MORTGAGE CORPORATION
22. 11036 Spring Hill Drive
Spring Hill, Florida 34608

2a. Main Office:
26. MONEY SOURCE ONE
MORTGAGE CORPORATION
27. 11036 Spring Hill Drive
Spring Hill, Florida 34608

4. FID Number: 59-2692776
Applied For: Not Applicable

5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

7. The corporation has liability for advertising fees under the Florida Statutes: ☐ Yes ☒ No

24. ☐ 25. ☐ 26. ☐ 27. ☐ 28. ☐ 29. ☐ 30. ☐

9. Name and Address of Current Registered Agent

DEMARIA, JAMES W.
15641 DONZI DRIVE
HUDSON FL 34667

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. I, the undersigned, being a resident of this State, and being the Florida Statutes, the above named corporation adopts this statement for the purpose of changing its registered office to the registered agent or office in the State of Florida. For this change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of this State and accept the appointment as registered agent. Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS:
NAME: PSD
DEMARIA, JAMES W.
15641 DONZI DRIVE
HUDSON FL

13. ADVICE OF CHANGE OF OFFICE AND NAME:
NAME: ☐ Change ☐ Address
STREET ADDRESS: ☐ Change ☐ Address
CITY: ☐ Change ☐ Address
STATE: ☐ Change ☐ Address
ZIP CODE: ☐ Change ☐ Address
NAME: ☐ Change ☐ Address
STREET ADDRESS: ☐ Change ☐ Address
CITY: ☐ Change ☐ Address
STATE: ☐ Change ☐ Address
ZIP CODE: ☐ Change ☐ Address
NAME: ☐ Change ☐ Address
STREET ADDRESS: ☐ Change ☐ Address
CITY: ☐ Change ☐ Address
STATE: ☐ Change ☐ Address
ZIP CODE: ☐ Change ☐ Address

14. I, the undersigned, certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in section 130.02(1)(b), Florida Statutes. I further certify that the information was obtained from the annual report or supplemental annual report, true and accurate and that the corporation shall have the same legal effect as if made under oath. I further certify as a director of the corporation or the person or persons empowered to make this report as required by chapter 130, Florida Statutes, and that the corporation is not a corporation organized under the laws of another state.

SIGNATURE: James W. Demaria by Lee Ann Goussman 4-28-95 904-683-2300
ORIGINAL AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR
Office Page