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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J24244 (2)

1. Corporation Name
PEACHTREE MORTGAGE COMPANY, INC.

Principal Place of Business
5070 N. OCEAN DR., APT 6-A
SINGER ISLAND FL 33404

Mailing Address
5070 N. OCEAN DR., APT 6-A
SINGER ISLAND FL 33404-2626



3. Date Incorporated or Qualified
07/16/1986

3a. Date of Last Report
02/27/1996

2. Principal Place of Business
21 5070 N. OCEAN DR.

2a. Mailing Address
26 5070 N. OCEAN DR.

Suite, Apt. #, etc.
22 6-A

Suite, Apt. #, etc.
27 6-A

City & State
23 SINGER ISLAND

City & State
28 SINGER ISLAND

Zip Country
24 33404 25 PALM BEACH

Zip Country
29 33404 30 PALM BEACH

4. FEI Number
58-1785953

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

MCHAFFIE, D.G.
5070 N. OCEAN DR., #6A
SINGER ISLAND FL 33404

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: *[Signature]* 1/15/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DD	<input type="checkbox"/> DELETE
NAME	FIFE, CHARLES	
STREET ADDRESS	5070 N OCEAN DR #6A	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCHAFFIE, D.G.	
STREET ADDRESS	5070 N OCEAN DR #6A	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOOD, ROBERTA R.	
STREET ADDRESS	EAST TOWNE CNT., STE 224	
CITY-ST-ZIP	EAST ELLIJAY GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* Pres. 1/15/97 561-842-2074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)