

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J31973 (7)

1. Corporation Name

HURD-HARTER MORTGAGE SUPPORT, INC.



Principal Place of Business

C/O MARY K. HURD  
1912 SELVA MARINA DR  
ATLANTIC BEACH FL 32233  
US

Mailing Address

C/O MARY K. HURD  
1912 SELVA MARINA DR  
ATLANTIC BEACH FL 32233  
US

3. Date Incorporated or Qualified

08/29/1986

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2744442

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSCHMAN, ALBERT E JR  
2215 SOUTH THIRD ST., SUITE 101  
JACKSONVILLE FL 32250

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 registered agent and the corporation

NOTE: Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	HURD, MARY K.	
STREET ADDRESS	1912 SELVA MARINA DR	
CITY - ST - ZIP	ATLANTIC BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARTER, JIMMIE	
STREET ADDRESS	1912 SELVA MARINA DR	
CITY - ST - ZIP	ATLANTIC BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEWS, MICHAEL	
STREET ADDRESS	P.O. BOX 1174 N/A	
CITY - ST - ZIP	PONTE VEDRA BCH. FL 32004	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	GAY, KEVIN O	
STREET ADDRESS	3579 RIVERSIDE AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V. P.
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 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 on an attachment with an address

SIGNATURE: Mary Kay Hurd  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 904-2415664  
Date Daytime Phone #

CR2E034 (12/95)