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FILED

**Apr 18 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 # J33658 (2)

1. Corporation Name
HOMESIDE LENDING, INC.

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

Mailing Address
**7301 BAYMEADOWS WAY
P. O. BOX 44090
JACKSONVILLE FL 32231-4090**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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3. Date Incorporated or Qualified
09/18/1986

3a. Date of Last Report
03/06/1996

4. FEI Number
59-2725415

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 32256**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PICKETT, JOE K	
STREET ADDRESS	7301 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANNING, PETER J	
STREET ADDRESS	100 FEDERAL STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FRANCIS, BETTY L	
STREET ADDRESS	7301 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, HUGH R	
STREET ADDRESS	7301 BAYMEADOWSS WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIFFORD, CHARLES K.	
STREET ADDRESS	100 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FISH, THOMAS H.	
STREET ADDRESS	7301 BAYMEADOWS WAY	
CITY-ST-ZIP	JACKSONVILLE FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mark F. Johnson
2.3 STREET ADDRESS	7301 Baymeadows Way
2.4 CITY-ST-ZIP	Jacksonville, Florida 32256
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles D. Gilmer
3.3 STREET ADDRESS	7301 Baymeadows Way
3.4 CITY-ST-ZIP	Jacksonville, Florida 32256
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 checked="" type="checkbox"/> Addition
5.2 NAME	Connie Gallup
5.3 STREET ADDRESS	7301 Baymeadows Way
5.4 CITY-ST-ZIP	Jacksonville, Florida 32256
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert J. Jacobs
6.3 STREET ADDRESS	7301 Baymeadows Way
6.4 CITY-ST-ZIP	Jacksonville, Florida 32256

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 _____ DATE 4/18/97

CR2E034 (9/96)