

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90129 040 ***150.00

DOCUMENT # J33658

1. Corporation Name
HOMESIDE LENDING, INC.

Principal Place of Business
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

Mailing Address
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEA, MARILYN J
7301 BAYMEADOWS WAY
JACKSONVILLE FL 32256

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME PICKETT, JOE K
STREET ADDRESS 7301 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME JOHNSON, MARK F.
STREET ADDRESS 7301 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT ☒ DELETE
NAME GILMER, CHARLES D.
STREET ADDRESS 7301 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME HARRIS, HUGH R
STREET ADDRESS 7301 BAYMEADOWSS WAY
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME GALLUP, CONNIE
STREET ADDRESS 7301 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VST ☐ DELETE
NAME JACOBS, ROBERT J
STREET ADDRESS 7301 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

STEVEN W. SARRROUCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

533658
444827-90129 40

Francis, Betty L.

Full Name: Betty L. Francis
Job Title: Exec. VP & Asst. Secretary
12834 Mandarin Rd
Jacksonville, FL 32223
Bus: (904) 281-7884
Bus Fax: (904) 281-7968

Glasgow, William

Full Name: William Glasgow, Jr.
Job Title: Exec. VP
10113-429 Whippoorwill Ln
Jacksonville, FL 32256
Bus: (904) 281-3300
Bus Fax: (904) 281-3350

Hajda, Thomas A.

Full Name: Thomas A. Hajda
Job Title: Senior VP
230 Colima Ct
#918
Ponte Vedra Beach, FL 32082
Bus: (904) 281-3292
Bus Fax: (904) 281-3062

Harris, Hugh R.

Full Name: Hugh R. Harris
Job Title: President & COO
10110 Whippoorwill Lane
Jacksonville, FL 32256
Bus: (904) 281-3484
Bus Fax: (904) 281-3745

Jacobs, Robert J.

Full Name: Robert J. Jacobs
Job Title: Exec. VP & Secretary
14310 Mandarin Rd
Jacksonville, FL 32223
Bus: (904) 281-3422
Bus Fax: (904) 281-3062

Johnson, Mark F.

Full Name: Mark F. Johnson
Job Title: Exec. VP
907 Greenridge Rd
Jacksonville, FL 32207
Bus: (904) 281-3266
Bus Fax: (904) 281-7550

Pickett, Joe Keith

Full Name: Joe Keith Pickett
Job Title: Chairman & CEO
7301 Baymeadows Way
Jacksonville, FL 32256
Bus: (904) 281-3233
Bus Fax: (904) 281-3745

Race, Kevin D.

Full Name: Kevin D. Race
Job Title: Exec. VP, CFO, & Treasurer
8140 Presidential Dr
Jacksonville, FL 32256
Bus: (904) 281-3338
Mobile: (904) 281-7968
Bus Fax: 904

Scarbrough, Steven W.

Full Name: Steven W. Scarbrough
Job Title: Asst. Vice President & Tax Director
11536 Alexis Forest Dr. E
Jacksonville, FL 32258
Bus: (904) 281-3997
Bus Fax: (904) 281-3760

Scheuble, Daniel T.

Full Name: Daniel T. Scheuble
Job Title: Exec. VP
352 S. Nine Dr.
Ponte Vedra Beach, FL 32082
Bus: (904) 281-7592
Bus Fax: (904) 281-7550

Wilson, W. Blake

Full Name: W. Blake Wilson
Job Title: Exec. VP
104 Kingfisher Dr.
Ponte Vedra Beach, FL 32082
Bus: (904) 281-3728
Bus Fax: (904) 281-7968