

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J58402 (5)

1. Corporation Name

GAINESVILLE MORTGAGE COMPANY, INC.



Principal Place of Business

3720 NW 43 ST SUITE 105
PO BOX 90039
GAINESVILLE FL 32607
US

Mailing Address

3720 NW 43 ST SUITE 105
PO BOX 90039
GAINESVILLE FL 32607
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

OLOFSSON, VICKI S
3720 NW 43 ST SUITE 105
GAINESVILLE FL 32607

3. Date Incorporated or Qualified

03/01/1987

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2788059

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

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, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent Signature required when removed)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

OLOFSSON, VICKI S

STREET ADDRESS

3720 NW 43 ST SUITE 105

CITY - ST - ZIP

GAINESVILLE FL

TITLE

V

☐ DELETE

NAME

OLOFSSON, OLOF

STREET ADDRESS

3720 NW 43 ST, STE 105

CITY - ST - ZIP

GAINESVILLE FL

TITLE

SV

☒ DELETE

NAME

ELY, TAMMY

STREET ADDRESS

3720 NW 43 ST SUITE 105

CITY - ST - ZIP

GAINESVILLE FL

TITLE

D

☐ DELETE

NAME

COWART, RONA

STREET ADDRESS

3720 NW 43RD ST. SUITE 105

CITY - ST - ZIP

GAINESVILLE FL

TITLE

T

☐ DELETE

NAME

DOSS, JACQUELINE A

STREET ADDRESS

3720 NW 43RD ST SUITE 105

CITY - ST - ZIP

GAINESVILLE FL

TITLE

V

☐ DELETE

NAME

DAVIS, HAROLD

STREET ADDRESS

HWY 301 SOUTH

CITY - ST - ZIP

STARKE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wald S. Olofsson, President

4-5-96 (352) 376-5517

Date

Daytime Phone

CR2E034 (12/95)