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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 80039
GAINESVILLE FL 32607
US**

Mailing Address
**3720 NW 43 ST SUITE 105
PO BOX 80039
GAINESVILLE FL 32607
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/01/1987

4. FEI Number
59-2788059

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	OLOFSSON, VICKI S	3720 NW 43 ST SUITE 105	GAINESVILLE FL	<input type="checkbox"/>
V	OLOFSSON, OLOF	3720 NW 43 ST, STE 105	GAINESVILLE FL	<input type="checkbox"/>
SAVP	PARKER, THOMAS W	3720 NW 43 SUITE 105	GAINESVILLE FL	<input type="checkbox"/>
D	COWART, RONA	3720 NW 43RD ST. SUITE 105	GAINESVILLE FL	<input type="checkbox"/>
T	DOSS, JACQUELINE A	3720 NW 43RD ST SUITE 105	GAINESVILLE FL	<input type="checkbox"/>
V	DAVIS, HAROLD	HWY 301 SOUTH	STARKE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE:

Vicki S. Olofsson

4/7/98

CR2E034 (10/97)