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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J58402

(5)

GAINESVILLE MORTGAGE COMPANY, INC.

FILED Apr 13 1998 8:00am Secretary of State

GAMEOVICE MOTTANGE OOM ANT, INC.									
Principal Place	e of Business	Mailing Addre	ess			1 (MELLIA MINI MINI) JEINI MINI MANA LINA BINI	- BIBIT ATRIC ATALL BIBIT OF	##11 1 # 81	
3720 NW 43 ST SUITE 105 PO BOX 80039 GAINESVILLE FL 32807		3720 NW 43	3720 NW 43 ST SUITE 105 PO BOX 80039 GAINESVILLE FL 32807						
						DO NOT WRITE IN THIS SPACE			
		GAINESVILLE US				3. Date Incorporated or Qualified			٦.
US		US							
2 Principal P	lace of Business	2a. Mailing A	ddress			03/01/1987 4. FEI Number	I Appli	ied For	1
21	ace of Educations	26	adicas			59-2788059		Applicable	1
Suite, Apt.	#. etc	Suite, Apt	. #. etc.				\$8.75 Add		1
22		<u> </u>	27			5. Certificate of Status Desired	Fee Requ		
City & State	9	City & Sta	ite		,	6. Election Campaign Financing	\$5.00 M	av Re	1
23		28				Trust Fund Contribution	Added to I		
Zip			Zip Country		,	8. This corporation owes or has paid the	current year Intan-	gible	1
24	26	29	3	0		Personal Property Tax due June 30.	⊠ Yes 🔲 I	No	
	9. Name and Address of Curren	nt Registered Age	nt			10. Name and Address of New Registe	red Agent]
OL	OFSSON, VICKI S			81	Name				
	20 NW 43 ST SUITE 105			82	Street	Address (P.O. Box Number is Not Acceptable)		-	1
GA	INESVILLE FL 32607				0.,000	,			
				83					l
				84	City		85 Zip Co	de	┨
					'				
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607 1508, F	lorida Statutes	, the above	e-named	corporation submits this statement for the purpo- poration's board of directors. I hereby accept the	se of changing its re	egistered gistered	1
agent la	m familiar with, and accept the obliga	ations of Section 6	07.0505, Florid	da Statute	S.			9	
SIGNATURE									
	Signature, typed or printed name of registered age		(NOTE F		ent signature	required when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		IN 12	18
12. TMLE	OFFICERS AN		DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS		Addition	łĕ
I	OLOFSSON, VICKI S	L. .	DECENE	1.2 NAME					15
NAME DAREST ADDRESS	3720 NW 43 ST SUITE 105				10000CCC				8
STREET ADDRESS	GAINESVILLE FL			1.3 STREET					ľ
CITY-ST-ZIP TITLE	WHITESTILLE FL		DELETE	1.4 CITY - S 2.1 TITLE	11-ZIP		Change	Addition	18
	OLOFSSON, OLOF	L.,	Deterie	2.1 TITLE	i				
NAME CTOTET ADOOFOE	3720 NW 43 ST , STE 105			2.2 NAME 2.3 STREET	*0000000				
STREET ADDRESS	GAINESVILLE FL								
CITY-ST-ZIP TITLE	SAVP		DELETE	2. 4 CITY - : 3.1 TITLE	51-ZIP		Change	Addition	1
NAME	PARKER, THOMAS W		DELECT	3.2 NAME					1
STREET ADDRESS	3720 NW 43 SUITE 105			3.3 STREET	LANDRECC				1
	GAINESVILLE FL								
CITY-ST-ZIP TITLE	D		DELETE	3.4. CITY-1 4.1 TITLE	21-2IP		Change	Addition	1
NAME	COWART, RONA	-		4.2 NAME					
STREET ADDRESS	3720 NW 43RD ST. SUITE 10	N5.		4.3 STREET	T ADDRESS				
	GAINESVILLE FL								
TITLE	T		DELETE	6.4 CITY - S	71 * 41F		Change	Addition	1
NAME	DOSS, JACQUELINE A	_		5.2 NAME					
STREET ADDRESS	3720 NW 43RD ST SUITE 10	5	•	5.3 STREET	ADDRESS		7.4		
1	GAINESVILLE FL	₩		5.4 CITY-S		The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.	1.
CITY-ST-ZIP TITLE	V		DELETE	6.1 TITLE	ZI, EIF		Change	Addition	1
NAME	DAVIS, HAROLD	<u> </u>		6.2 NAME					
STREET ADDRESS	HWY 301 SOUTH			6.3 STREET	TANNERSS				
CITY-ST-ZIP	STARKE FL			6.4 CITY - 5					
OH I TO I THE	- 17 N N N 1 W			■ U. T. (1111 ° 2	/1 AN	I			

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 trustoe 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, of on all attachment with an address.

CICNIATUDE.

4/2/98