

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90138 035 ***150.00

DOCUMENT # J58402

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1987

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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

Vicki S. Olofsson
Signature, typed or printed name of registered agent and title if applicable.

Vicki S. Olofsson, President

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
OLOFSSON, VICKI S
STREET ADDRESS
3720 NW 43 ST SUITE 105
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
OLOFSSON, OLOF
STREET ADDRESS
3720 NW 43 ST, STE 105
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
SAVP
PARKER, THOMAS W
STREET ADDRESS
3720 NW 43 SUITE 105
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
D
COWART, RONA
STREET ADDRESS
3720 NW 43RD ST. SUITE 105
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
T
DOSS, JACQUELINE A
STREET ADDRESS
3720 NW 43RD ST SUITE 105
CITY-STATE-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
V
DAVIS, HAROLD
STREET ADDRESS
HWY 301 SOUTH
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 change of, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vicki S. Olofsson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicki S. Olofsson **4/27/99**

Date

Daytime Phone #

CR2E034 (1/98)