

**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 # J82131 (0)**

1. Corporation Name  
**LAKELAND REGIONAL MORTGAGE CORPORATION**



Principal Place of Business

**1137 U. S. 98 SOUTH, SUITE B  
LAKELAND FL 33801**

Mailing Address

**1137 U. S. 98 SOUTH, SUITE B  
LAKELAND FL 33801**

3. Date Incorporated or Qualified  
**07/17/1987**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

**21 1628 So. Florida Ave.**

2a. Mailing Address

**26 1628 So. Florida Ave.**

4. FEI Number  
**59-2821220**

Applied For  
Not Applicable

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

**23 Lakeland, FL**

City & State

**28 Lakeland, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

**24 33803**

Country

**25 Polk**

Zip

**29 33803**

Country

**30 Polk**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERRY, WILLIAM C.  
1137 US HWY 98 SOUTH, SUITE B  
LAKELAND, 33801**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2316 Brandon Rd**

83

84 City

**Lakeland**

**FL**

85 Zip Code

**33803**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
BERRY, WILLIAM C.  
6001 SWEETGUM RUN  
BARTOW FL**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**2316 Brandon Rd  
Lakeland, FL 33803**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
BERRY, PATRICIA  
6001 SWEETGUM RUN  
BARTOW FL**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**2316 Brandon Rd  
Lakeland, FL 33803**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96 941-682-2106**

CR2E034 (12/95)