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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J82131

(0)

## LAKELAND REGIONAL MORTGAGE CORPORATION

Principal Place	e of Business	Mailing Address				
1628 S FLORIDA AVE LAKELAND FL 33903 US		1828 S FLORIDA AVE LAKELAND FL 33803-226 US	1			
				3. Date Incorporated or Qualified 07/17/1987	3a. Date of Last Report 05/01/1996	
<b>—</b>	flace of Business	28. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite Ant # atc		59-2821220	Not Applicable	
<del></del>		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	<del></del>	& Flection Campaign Financing	6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	[29]	30	Florida Statutes	Yes No	
	9, Name and Address of Curre	nt Registered Agent	91 None	10. Name and Address of New R	egistered Agent	
	RY, WILLIAM C.		81 Name			
2316 BRANDON RD			82 Street	Address (P.O. Box Number is Not Accepta	able)	
LANE	ELAND, 33803		83			
			84 City		FI 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508. Florida Stati	utes the above-named	corporation submits this statement for the	purpose of changing to registered	
office or re	egistered agent, or both, in the State im familiar with, and accept the object.	e of Florida. Such change was	s authorized by the cord	poration's board of directors. Thereby acce	ept the appointment as registered	
-	ти таппиат мил, ани ассерт ите ожц	јанон <b>s</b> от, аденон оси досо <sub>н г</sub>	попра этапле».			
SIGNATURE	Signature, typed or printed name of registered ag	genit and title if applicable (NC	OTE Registered Agent signature	required when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	VSD	☐ DELETE	1.1 11[1].E	P, 5, D	Change Addition	
NAME	BERRY, WILLIAM C.		1.2 NAME	, • •		
STREET ADDRESS	2316 BRANDON RD		1.3 STREET ADDRESS	Í		
CITY-ST-ZIP	LAKELAND FL	Distis	1.4 CHY-S1-ZIP			
TITLE	PD Berry, Patricia	☐ DELETE	2.1 1111.5	V, D	Change Addition	
NAME CTREET ADDRESS:	2316 BRANDON RD		2.2 NAME	İ		
STREET ADDRESS  CITY-ST-ZIP	LAKELAND FL		2.3 STREET ADORESS			
TITLE	CAUCHAIN I F	DELETE	2 4 CITY - ST - 7IP 3 1 TITLE		Change Addition	
NAME		<del>-</del>	3.2 NAME		Circuite Circuite	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CHTY-ST-7IP			
TITLE		DELETE	4.1 TITEE		Change Addition	
NAME	ı		4 2 NAME			
STREET ADDRESS			4.3 STHELL ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY - ST - 7IP			
TITLE		☐ DELETE	5 ' INLF		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		- I not to	5.4 OITY - ST - 7/P			
TITLE		☐ DELETE	6111111		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP	y codify that the information count	and with this filles, does not a us	6.4 C!TY - ST - ZIP	tated in Section 119.07(3)(i), Florida Statut	14.05	
information I am an of	on indicated on this amoust report or fficer or director of the comporation on h Block 12 or Block 13 if j:httpged, c	supplemental annual report is or the receiver or trustected so	true and accurate and owered to execute this re	tated in Section 119.07(3)(i), Florida Statur that my signature shall have the same leg eport as required by Chapter 607, Florida	es. I further certify that the jal effect as if made under oath; that Statutes, and that my name	

Marlon C. Kanal

**FILED** 

May 13 1997 8:00am

Secretary of State