

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90018 028 ***150.00

DOCUMENT # K08787

1. Corporation Name
MUTUAL MORTGAGE COMPANY

Principal Place of Business
311 TAYLOR ST
PUNTA GORDA FL 33950
US

Mailing Address
311 TAYLOR STREET
PUNTA GORDA FL 33950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/22/1987

4. FEI Number
65-0026571

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SYLAK, H. JAMES
175 KINGSHIGHWAY #3B6
PT CHARLOTTE FL 33983

10. Name and Address of New Registered Agent

81 Name SYLAK, H. JAMES
82 Street Address (P.O. Box Number is Not Acceptable) 185 ROBINA ST.
83
84 City PT. CHARLOTTE FL 85 Zip Code 33954

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 H. James SyLAK / President

(NOTE: Registered Agent's signature is required for this statement.)

DATE

1-23-99

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME SYLAK, H. JAMES
STREET ADDRESS 175 KINGSHIGHWAY #3B6
CITY-ST-ZIP PT CHARLOTTE FL

☐ DELETE

TITLE T
NAME SYLAK, H. JAMES
STREET ADDRESS 175 KINGSHIGHWAY #3B6
CITY-ST-ZIP PT CHARLOTTE FL

☐ DELETE

TITLE DV
NAME SYLAK, KARYN
STREET ADDRESS 175 KINGSHIGHWAY #3B6
CITY-ST-ZIP PT CHARLOTTE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 185 ROBINA ST.

1.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33954

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 185 ROBINA ST.

2.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33954

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 185 ROBINA ST.

3.4 CITY-ST-ZIP PT. CHARLOTTE, FL 33954

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/99 941-657-4785

CR2E034 (11/98)

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