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

**FILED** May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (3)MORTGAGE RESOURCES, INC. Principal Place of Business Mailing Address 9770 OLD BAYMEADOWS ROAD 9770 OLD BAYMEADOWS ROAD SUITE 127 SHITE 127 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 10/04/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2910666 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Recuired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BUDREAU, REMER L., JR. 9770 OLD BAYMEADOWS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 127** JACKSONVILLE FL 32258 83 84 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: Flegistered Agent signature require 1007 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE BUDREAU, REMER L., JR. NAME 1.2 NAME CR2E034 9770 OLD BAYMEADOWS RD. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FITZGERALD, RUTH ANN NAME 2.2 NAME 9770 OLD BAYMD RD #127 STREET ADDRESS 2.3 STREET ADORESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Channe Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 ct/anged, or on an externment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

9046429458

Change

Addition