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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K53646** (1)
1. Corporation Name
EQUIFUND MORTGAGE CORPORATION



Principal Place of Business
C/O 1 TANKER TURN ROAD
P. O. BOX 862
CAPE CANAVERAL FL 32920

Mailing Address
C/O 1 TANKER TURN ROAD
P. O. BOX 862
CAPE CANAVERAL FL 32920-0862

3. Date Incorporated or Qualified **12/27/1988** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 2a. Mailing Address
21 **110 Polk Avenue** 26 **P. O. Box 862**
Suite Apt. # etc. Suite, Apt. #, etc.

22 **Suite #4** 27
City & State City & State
23 **Cape Canaveral, Fl** 28 **Cape Canaveral, Fl**

24 **32920** 25 **Brevard** 29 **32920** 30 **Brevard**
Zip Country Zip Country

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 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

HOLCOMB, CHARLES M.
8 MAGNOLIA STREET
COCOA FL 32922

81 Name **Janie Blackwood**
82 Street Address (P.O. Box Number is Not Acceptable) **6910 Bright Avenue**
83
84 City **Cocoa** FL 85 Zip Code **32927**

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 *Janie Blackwood* **Janie Blackwood** DATE **1/9/97**
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S DELETE	1.1 TITLE	Secty/Treas/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LULEY, CYRUS	1.2 NAME	Janie Blackwood
STREET ADDRESS	1617 BAYSHORE DR.	1.3 STREET ADDRESS	6910 Bright Avenue
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	Cocoa, Florida 32927
TITLE	TD DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LULEY, CYRUS	2.2 NAME	
STREET ADDRESS	1617 BAYSHORE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, JANIE	3.2 NAME	
STREET ADDRESS	6910 BRIGHT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, JANIE	4.2 NAME	
STREET ADDRESS	6910 BRIGHT AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Janie Blackwood* **Janie Blackwood** DATE **1/9/97**
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

CR2E034 (9/96)