03021999-90189-028-$150.00-$150.00

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90189 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K62189

1. Corporation Name
EASTERN MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
8380 BAYMEADOWS RD SUITE 9 JACKSONVILLE FL 32256 US	8380 BAYMEADOWS RD #9 SUITE 9 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/31/1989

4. FEI Number: 59-2932139 — Applied For / Not Applicable

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

LEWIS, DAVID B
8380 BAYMEADOWS RD
SUITE 9
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	ST ☐ Change ☑ Addition
NAME	LEWIS, DAVID B	1.2 NAME	James Hynes
STREET ADDRESS	12969 FALLENTREE DR N	1.3 STREET ADDRESS	11810 Indian Bluff Cove
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	VP ☒ DELETE	2.1 TITLE	VP ☐ Change ☑ Addition
NAME	TOUCHTON, ALLEN	2.2 NAME	Philip M. Leitner
STREET ADDRESS	7768 LYNCHBURG CT E	2.3 STREET ADDRESS	2206 NW 3rd Place
CITY-ST-ZIP	JACKSONVILLE FL 32277	2.4 CITY-ST-ZIP	Gainesville, FL 32603
TITLE	VP ☐ DELETE	3.1 TITLE	VP ☐ Change ☑ Addition
NAME	BERRY, BONNIE J	3.2 NAME	Sande Libert
STREET ADDRESS	1541 6TH AVE N	3.3 STREET ADDRESS	2885 N. Deer Ave
CITY-ST-ZIP	JACKSONVILLE BCH FL	3.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	ST ☒ DELETE	4.1 TITLE	VP ☐ Change ☑ Addition
NAME	BISHOP, MELISSA	4.2 NAME	Bishop, Melissa
STREET ADDRESS	1715 HODGES BLVD #2916	4.3 STREET ADDRESS	1715 Hodges Blvd #2916
CITY-ST-ZIP	JACKSONVILLE FL 32224	4.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: _____ 1/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #