# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:22

DOCUMENT # **K62801** **(1)**

1. Corporation Name
**MORTGAGE SOURCE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~202 CENTURY TWENTY ONE DR 1~~ ~~JACKSONVILLE FL 32216~~ | ~~202 CENTURY TWENTY ONE DR 1~~ ~~JACKSONVILLE FL 32216~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1989
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business
21 11362 San Jose Blvd.
Suite, Apt. #, etc.
22 Suite 18
City & State
23 Jacksonville, FL
Zip 24 32223 Country 25 USA

2a. Mailing Address
26 11362 San Jose Blvd.
Suite, Apt. #, etc.
27 Suite 18
City & State
28 Jacksonville, FL
Zip 29 32223 Country 30 USA

4. FEI Number: 59-2031034 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**ALLEN, A LAMAR, JR**
~~202 CENT 21 DR STE 1~~
**JACKSONVILLE FL 32216**

**10. Name and Address of New Registered Agent**

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 11362 San Jose Blvd, Suite 18
83
84 City: Same FL 85 Zip Code: 32223

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 | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ALLEN, A. LAMAR, JR. | 12 NAME | | |
| STREET ADDRESS | 7825 FAWN BROOK CIR W | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | | |
| TITLE | VPS | 21 TITLE | VPS | ☒ Change ☐ Addition |
| NAME | RICE, BARBARA G | 22 NAME | Barbara G. Rice | |
| STREET ADDRESS | ~~133 LORA STREET~~ | 23 STREET ADDRESS | 11053 Peppermill Lane | |
| CITY-ST-ZIP | ~~NEPTUNE BEACH FL~~ | 24 CITY-ST-ZIP | Jacksonville, FL 32257 | |
| TITLE | ~~VP~~ | 31 TITLE | MR. LEWIS IS | ☒ Change ☐ Addition |
| NAME | ~~LEWIS, DAVID A~~ | 32 NAME | NO LONGER AN OFFICER. | |
| STREET ADDRESS | ~~4080 TYNDEL CREEK CT~~ | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | ~~JACKSONVILLE FL~~ | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

**SIGNATURE:** _____ 4/25/95 904-886-0688
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Daytime Phone #
A. Lamar Allen, Jr.

0405446 FP