

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 -3 PH 5:22

DOCUMENT # K81784

(6)

1. Corporation Name

EQUITY MORTGAGE GROUP, INC.

Principal Place of Business

**% WILLIAM T. PAPPAS
3115 SPRING GLEN ROAD, STE 502
JACKSONVILLE FL 32207**

Mailing Address

**3115 SPRING GLEN RD.
STE. 502
JACKSONVILLE FL 32207
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/20/1989** 3a. Date of Last Report **01/25/1994**

4. FEI Number **59-2943096** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAPPAS, WILLIAM T.
3115 SPRING GLEN ROAD
STE. 502
JACKSONVILLE FL 32207**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **REMLEY, KENNETH G.**
STREET ADDRESS **2827 HILSDALE HARBOR WAY**
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3532 Boatwright Way West**
1.4 CITY - ST - ZIP **Jacksonville, FL 32216**
☐ Change ☐ Addition

TITLE **D**
NAME **TYRE, T. ALLEN, JR.**
STREET ADDRESS **4309 SHERWOOD RD.**
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D**
NAME **PAPPAS, WILLIAM T.**
STREET ADDRESS **4409 THICKET RIDGE CT**
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **7853 Groveton Hills Place**
3.4 CITY - ST - ZIP **Jacksonville, FL 32256**
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), Florida Statutes. I further certify that the information appearing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH G. REMLEY, President

3/29/95 (104) 370-1620
Date Typing Name &