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

ANNUAL REPORT AND FILED
95 MAY -1 PM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90137 (6)

1. Corporation Name
MORTGAGES UNLIMITED, INC.

Principal Place of Business	Mailing Address
3380 TAMIAMI TRAIL UNIT C PORT CHARLOTTE NC 33952	3380 TAMIAMI TRAIL UNIT C PORT CHARLOTTE NC 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4478 Tamiami Trail
22: Suite, Apt. #, etc.
23: City & State: Charlotte Harbor FL
24: Zip: 33980 25: County: Charlotte

2a. Mailing Address
26: 4478 Tamiami Trail
27: Suite, Apt. #, etc.
28: City & State: Charlotte Harbor FL
29: Zip: 33980 30: County: Charlotte

4. FEI Number: 65-0123027 ☐ 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

GRIBBLE, J S
3380 TAMIAMI TRAIL
SUITE B-1
PORT CHARLOTTE FL 33952

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	PT	11 TITLE	☐ Change ☐ Addition
NAME	ALLMAN, NANCY WRENN	12 NAME	
STREET ADDRESS	447 BLOSSOM AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	Vice Pres ☒ Change ☐ Addition
NAME	~~DAVIS, BARBARA S~~	22 NAME	PATRICIA J LEVERENZ
STREET ADDRESS	~~4981 NORTHSHORE DRIVE~~	23 STREET ADDRESS	4925 SAN MASSIMO DR
CITY-ST-ZIP	~~PUNTA GORDA FL 33980~~	24 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	Sec.	31 TITLE	Sec ☒ Change ☐ Addition
NAME	Fred D. ALLMAN	32 NAME	Fred D ALLMAN
STREET ADDRESS	4478 Tamiami Trail	33 STREET ADDRESS	4478 Tamiami Trail
CITY-ST-ZIP	Charlotte Harbor FL 33950	34 CITY-ST-ZIP	Charlotte Harbor FL 33950
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 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: Nancy Allman NANCY ALLMAN 4-25-95 813-629-9590
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0329700 CP