FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **K90137** **(6)**

1. Corporation Name
MORTGAGES UNLIMITED, INC.

Principal Place of Business
4478 TAMIAMI TRAIL
UNIT C
CHARLOTTE HARBOR FL 33980
US

Mailing Address
4478 TAMIAMI TRAIL
UNIT C
CHARLOTTE HARBOR FL 33980
US

3. Date Incorporated or Qualified **05/23/1989**
3a. Date of Last Report **05/01/1995**

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

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 607.150(4), 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 title if applicable) _____ (Name of Registered Agent, signature, registration number) _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	ALLMAN, NANCY WRENN	
STREET ADDRESS	447 BLOSSOM AVENUE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VP	☐ DELETE
NAME	LEVERENZ, PATRICIA J	
STREET ADDRESS	4025 SAN MASSIMO DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	S	☐ DELETE
NAME	ALLMAN, FRED D	
STREET ADDRESS	4478 TAMIAMI TRAIL	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	Rebecca B. Hanson	
1.3 STREET ADDRESS	4478 Tamiami Trail	
1.4 CITY-ST-ZIP	Port Charlotte, FL 33980	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96
Date

941-629-7590
Daytime Phone #

CR2E034 (12/95)