Applied For

Fee Required \$5.00 May Be

Not Applicable \$8.75 Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90061 049 ***150.00

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DAVIS, LINDA G. 130 HAMMOCK RD. ANNA MARIA FL 34216

L.T.D. MORTGAGE, INC.		
Principal Place of Business	Mailing Address	
130 HAMMOCK RD	P.O. BOX 960 Anna Maria Fl. 34216	
ANNA MARIA FL 34216	US	DO NOT WR
US		 Date Incorporated or Qualified 06/05/1989
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21 130 HAMMOCK Rd.	26 7.0. Bux 960	65-0132072
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State 23 ANNA MARIA	City & State 28 ANNA MARIA	Election Campaign Financing Trust Fund Contribution
Zip Country 24 34216 [25] U.S.A.	Zip Country 29 3 42 1 30 USA	This corporation owes the cur Personal Property Tax.
9. Name and Address of Curre		10. Name and Address of New
	81 Name	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

		Trust Fund Contribution		Adde	d to Fees
ntry) S A		This corporation owes the Personal Property Tax.		ngible Yes	□No
		10. Name and Address of Ne	w Registered A	gent	
81	Name				
82	Street Addre	ss (P.O. Box Number is Not Acc	eptable)		
83					
84	City		FL	85 Zi	p 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 title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating) DATE			
Signature, typed or printed name of registered agent and tutie if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	DAVIS, LINDA G.	1.2 NAME				
STREET ADDRESS	130 HAMMOCK RD.	1.3 STREET ADDRESS				
CITY-ST-ZIP	ANNA MARIA FL	1.4 CITY-ST-ZIP				
TITLE	STD DELETE	2.1 TITLE	Change Addition			
NAME	DAVIS, TED E.	2.2 NAME				
STREET ADDRESS	130 HAMMOCK RD.	2.3 STREET ADDRESS				
CITY-ST-ZIP	ANNA MARIE FL	2.4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
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				

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: