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 11 PM 3:35

DOCUMENT # **K95078** **(7)**

1. Corporation Name
ACR MORTGAGE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~8563 ARGYLE BUSINESS LOOP~~ ~~2~~ ~~JACKSONVILLE FL 32244~~ ~~US~~	~~8563 ARGYLE BUSINESS LOOP~~ ~~2~~ ~~JACKSONVILLE FL 32244~~ ~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/13/1989	02/07/1994

2. Principal Place of Business	2a. Mailing Address
21 6196 LAKE GRAY BLVD	26 6196 LAKE GRAY BLVD
Suite, Apt. #, etc. 22 #112	Suite, Apt. #, etc. 27 #112
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32244 / 25 US	Zip / Country 29 32244 / 30 US

4. FEI Number: 59-2954947 ☐ 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	10. Name and Address of New Registered Agent
RUDLOFF, WALTER A. ~~8227 S ARGYLE FOREST BLVD.~~ JACKSONVILLE FL 32244	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6196 LAKE GRAY BLVD #112 83 84 City JACKSONVILLE FL 85 Zip Code 32244

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	DPT	11 TITLE	☐ Change ☐ Addition
NAME	RUDLOFF, WALTER A.	12 NAME	
STREET ADDRESS	520 SAMUEL HUNTINGTON ST	13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	
TITLE	DSV	21 TITLE	☐ Change ☐ Addition
NAME	RUDLOFF, GAYLE A.	22 NAME	
STREET ADDRESS	520 SAMUEL HUNTINGON	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	24 CITY-ST-ZIP	
TITLE	~~S~~	31 TITLE	☐ Change ☐ Addition
NAME	~~SHARMAR, MICHELLE M~~	32 NAME	
STREET ADDRESS	~~8463 EVEREST DR~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	LAUREN MASON	42 NAME	
STREET ADDRESS	521 CLAREMONT AVE S.	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 32073	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 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: _____ 904-771-7717
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407304 FP