

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90046 003 ***150.00

DOCUMENT # L10525

1. Corporation Name

INDEPENDENCE MORTGAGE CORPORATION OF AMERICA



Principal Place of Business

2410 N ORANGE BLOSSOM TRIAL
ORLANDO FL 32804
US

Mailing Address

2410 N ORANGE BLOSSOM TRIAL
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1989

4. FEI Number

59-2969256

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

ADAMS, RICHARD H., JR.
940 HIGHLAND AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

Christopher M. Hunter

82 Street Address (P.O. Box Number is Not Acceptable)

111 Second Avenue NE, Suite 300

83

84 City

St. Petersburg

FL

85 Zip Code
33701

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

CHRIS HUNTER, SECT

4/12/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE

NAME SMEDLEY, ROBERT O
STREET ADDRESS 2699 LEE RD SUITE 600
CITY-ST-ZIP WINTER PARK FL

TITLE D ☒ DELETE

NAME SCHWARTZ, PATRICIA A
STREET ADDRESS 500 MELROSE ST
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ DELETE

NAME PIGNONE, FRANCES S
STREET ADDRESS 1720 GATLIN AVE
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☒ DELETE

NAME ADAMS, RICHARD H., JR.
STREET ADDRESS 940 HIGHLAND AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME WITTENSTEIN, JOSEPH
STREET ADDRESS 1812 IVANHOE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME MURPHY, J. MICHAEL
STREET ADDRESS 11042 LAKE BUTLER BLVD.
CITY-ST-ZIP WINDERMERE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Sapanski, John W.
1.3 STREET ADDRESS 111 Second Avenue NE
1.4 CITY-ST-ZIP St. Petersburg, FL 33701

2.1 TITLE EVP ☐ Change ☒ Addition

2.2 NAME Hemmer, Fred
2.3 STREET ADDRESS 111 Second Avenue NE
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE EVP ☐ Change ☒ Addition

3.2 NAME Falzone, William R.
3.3 STREET ADDRESS 111 Second Avenue NE
3.4 CITY-ST-ZIP St. Petersburg, FL 33701

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME Hunter, Christopher M.
4.3 STREET ADDRESS 111 Second Avenue NE
4.4 CITY-ST-ZIP St. Petersburg, FL 33701

5.1 TITLE VP ☐ Change ☒ Addition

5.2 NAME Johnson, Michael
5.3 STREET ADDRESS 111 Second Avenue NE
5.4 CITY-ST-ZIP St. Petersburg, FL 33701

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED HUNTER

4/12/99

727-823-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)