FILED

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90105 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L14740							
1. Corporation Name							
THE BANCMORTGAGE GROUP, INC.					4 10011011 001 HERT GIBTS (DES) 01011 4011 21011 1	21821 #1812 #1810 #	(8 12 8 18) (84)
Principal Place	e of Business	Mailing Address)\$681 616 11 8 1611 6	1011 0101) 1301
2803 W BUSCH BLVD C/O THOMAS J. CANNON							
S102 2803 W. BUSCH BLVD SUITE			TE 102		DO NOT WOITE IN THIS	CDACE	
TAMPA FL 33618					DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE	
03					09/11/1989		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21 26		26	26		59-2965539	Not	t Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27		3. Certificate of Citatos Desired	Fee Re		
City & State City & State		⊢ ′ ·	•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23	Country Zip Co		Country				o rees
Zip	p Country Zip Co [25] 29 30				This corporation owes the current year Information Personal Property Tax.		□No
24 25 29 30 30 9. Name and Address of Current Registered Agent			,,, ,		10. Name and Address of New Registered	Agent	
			81	Name			
CANNON, THOMAS J.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
2803 WEST BUSCH BLVD.							
SUITE 102			83	,			l
TAMPA FL 33618			84	City		85 Zip C	Code
					FL	shanning its	registered
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 a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.				i
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable (NOTE: F	Registered Agent	signature require	d when reinstating) DATE		
12.	OFFICERS AN	 	13.		ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 T/TLE			Change	Addition \
NAME	CANNON, THOMAS J.		1.2 NAME				
STREET ADDRESS	10103 WOODSONG WAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP			Change	☐ Addition
TITLE	Р	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	CANNON, THOMAS J.		2.2 NAME				
STREET ADDRESS	10103 WOODSONG WAY		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL	DELETE	2.4 CITY-ST-ZIP			Change	☐ Addition
NAME		<u> </u>	3.2 NAME		والمنافض والمالية والمنافض والمالية	_ ,	_
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ł			
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			- Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME 5.3 STREET	ADDRESS	•		
STREET ADDRESS			5.4 CITY-ST	1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	<u>-11</u>		Change	Addition
NAME :			6.2 NAME				_
STREET ADDRESS			6.3 STREET	ADORESS			

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 attacament with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: