

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 JAN 26 PM 3: 24

DOCUMENT # **L42221** (6)

1. Corporation Name
TRADEWINDS MORTGAGE DOCUMENT PREPARATION COMPANY, INC.

Principal Place of Business
**2340 MAIN ST.
SUITE D
DUNEDIN FL 34698
US**

Mailing Address
**2284 WINCHESTER DR.
PALM HARBOR FL 34683
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/15/1990** 3a. Date of Last Report **02/21/1994**

4. FEI Number **59-2985509** 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

2. Principal Place of Business

21. **2196 MAIN ST.**
Suite, Apt. #, etc.

22. **SUITE D**
City & State

23. **DUNEDIN, FL**
City & State

24. **34698** 25. **US**
Zip Country

26. **2284 WINCHESTER DR.**
Suite, Apt. #, etc.

27. **PALM HARBOR FL**
City & State

28. **34683** 29. **US**
Zip Country

9. Name and Address of Current Registered Agent

**RUGGLES, THOMAS W.
303 INDIAN ROCKS RD
BELLEAIR FL 34616**

10. Name and Address of Now Registered Agent

01. Name

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

03.

04. City

05. Zip 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 _____ DATE _____
(Signature, typed or printed name of registered agent not file if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, DAVID LEE	1.2 NAME	
STREET ADDRESS	2284 WINCHESTER DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, JANET	2.2 NAME	
STREET ADDRESS	2284 WINCHESTER DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	PALM HARBOR FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 110.07(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 addendum.

SIGNATURE: *David L. Manning* **DAVID L. MANNING** 1/21/95 813-738-8810

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR Date Telephone Number