

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L59049** (1)

1. Corporation Name

U S A MORTGAGE SERVICES, INC.



Principal Place of Business

**2120 CORPORATE SQ BLVD STE
S-13
JACKSONVILLE FL 32216**

Mailing Address

**2120 CORPORATE SQ BLVD STE
S-13
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **P O BOX 8843**

27 Suite, Apt. #, etc.

28 **JACKSONVILLE, FL**

29 Zip Country

30 **32239 USA**

3. Date Incorporated or Qualified
03/16/1990

3a. Date of Last Report
10/06/1995

4. FEI Number
59-3000152

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 filing the tax under s. 193 (3)?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BOATRIGHT, WILLIAM GARY
2202 DOANE ST.
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0500 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 of Registered Agent (if not the same as the corporation's registered agent, the signature of the corporation's registered agent is required when filing this statement.)

(Signature of Registered Agent required when filing this statement.)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **BOATRIGHT, WILLIAM GARY**
CITY- ST- ZIP **2202 DOANE ST.
JACKSONVILLE FL 32211**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ DELETE
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CITY- ST- ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM G. BOATRIGHT

(904-724-7300)

0003975

CR2E034 (3/96)