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Jun 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L79183** (4)

1. Corporation Name

**DNB MORTGAGE CORPORATION**

Principal Place of Business

**815 ORIENTA AVE  
STE 1  
ALTAMONTE SPRINGS FL 32701  
US**

Mailing Address

**815 ORIENTA AVE  
STE 1  
ALTAMONTE SPRINGS FL 32701  
US**

3. Date Incorporated or Qualified

**06/07/1990**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

4. FEI Number

**59-3114371**

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

**BENTON, RONALD E.  
2805 MAITLAND CENTER PARKWAY  
MAITLAND FL 32751**

81. Name

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

**800/88 MAITLAND AVE**

83.

**ALTAMONTE SPRGS**

FL

85

**32701**

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 **RONALD E. BENTON**

Signature, typed or printed name of person to appear in the corporation's books

Signature, typed or printed name of person to appear in the corporation's books

**5-15-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
BENTON, RONALD E.  
211 ODHAM DRIVE  
SANFORD FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **800/88 MAITLAND AVE**

1.4 CITY-ST-ZIP **ALTAMONTE SPRGS FL 32701**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

**5-15-98**

**407-332-0505**

CR2E034 (12/95)