


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90117 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L79183**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1990

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

2. Principal Place of Business

21 1088 E ALTAMONTE DR
Suite, Apt. #, etc.

22 SUITE 106
City & State

23 ALTAMONTE SPRINGS FL
Zip Country

24 32701 25 SEM.

2a. Mailing Address

26 1088 E ALTAMONTE DR
Suite, Apt. #, etc.

27 SUITE 106
City & State

28 ALTAMONTE SPRINGS FL
Zip Country

29 32701 30 SEM.

9. Name and Address of Current Registered Agent

**BENTON, RONALD E.
200/88 MAITLAND AVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name BENTON, RONALD E.

**82 Street Address (P.O. Box Number is Not Acceptable)
408 AMETHYST WAY**

83

84 City LAKE MARY

FL

85 Zip Code 32746

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-13-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENTON, RONALD E.	
STREET ADDRESS	200/88 MAITLAND AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD E. BENTON
1.3 STREET ADDRESS	408 AMETHYST WAY
1.4 CITY-ST-ZIP	LAKE MARY FL 32746

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-98 407-332-0505
Date Daytime Phone #

CR2E034 (11/98)