

DOCUMENT # M07675

1. Entity Name

A. J. SIDE MORTGAGE AND TRUST COMPANY, INC.

Principal Place of Business

510 PENN AVENUE  
BRONSON FL 32621  
US

Mailing Address

P.O. BOX 1540  
BRONSON FL 32621-1540  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

SIDE, A J  
510 PENN AVENUE  
BRONSON FL 32621

4. FEI Number

59-2469071

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

11. OFFICERS AND DIRECTORS

☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPCPD  
SIDE, A J  
510 PENN AVENUE  
BRONSON FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPST  
SNOW, GAIL S  
510 PENN AVENUE  
BRONSON FL☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
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CITY - ST - ZIPTITLE  
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CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. 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 report or supplemental 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 11 or Block 12, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90094 021 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

A. J. SIDE *Side Pres.* 3/1/00 352-4861