

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M65488** (2)

1. Corporation Name

GREGG THIGPEN MORTGAGE SERVICES, INC.



Principal Place of Business

Mailing Address

**325 JOHN KNOX ROAD, BUILDING C
TALLAHASSEE FL 32303**

**325 JOHN KNOX ROAD, BUILDING C
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified
01/22/1988

3a. Date of Last Report
07/27/1995

2. Principal Place of Business
21 **325 John Knox Road**

2a. Mailing Address
26 **325 John Knox Road**

4. FEI Number
59-2872187

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **C-129**

27 **C-129**

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

City & State

City & State

23 **Tallahassee, FL**

28 **Tallahassee, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32303**

25 **USA**

29 **32303**

30 **USA**

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

**HARTSFIELD, PAUL F JR.
4913 N. MONROE STREET
TALLAHASSEE FL 32303**

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 607.0502 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **THIGPEN, GREGG**
STREET ADDRESS **ROUTE 2 BOX 62**
CITY-ST-ZIP **QUINCY FL**

TITLE **V** ☐ DELETE

NAME **THIGPEN, JULIA N.**
STREET ADDRESS **ROUTE 2, BOX 62**
CITY-ST-ZIP **QUINCY FL**

TITLE **ST** ☐ DELETE

NAME **THIGPEN, SHEILA O**
STREET ADDRESS **ROUTE 2, BOX 62**
CITY-ST-ZIP **QUINCY 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

Sheila O. Thigpen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sheila O. Thigpen, Secretary/Treasurer

04-26-96 (904) 385-2111

Date

Daytime Phone #

CR2E034 (12/95)