

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 # P00241 (0)

1. Corporation Name

ONE MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

135 N. PENNSYLVANIA ST.
INDIANAPOLIS IN 46204

135 N. PENNSYLVANIA ST.
INDIANAPOLIS IN 46204

3. Date Incorporated or Qualified

12/13/1983

3a. Date of Last Report

02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COCHRAN, ROBERT G.
215 E. MADISON ST.
TAMPA FL 33601

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

(DO NOT Register Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME MCKINNEY, ROBERT H.
STREET ADDRESS 135 N. PENNSYLVANIA ST.
CITY-ST-ZIP INDIANAPOLIS IN

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MELTON, OWEN B., JR.
STREET ADDRESS 135 N. PENNSYLVANIA ST.
CITY-ST-ZIP INDIANAPOLIS IN

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME O'NEILL, TIMOTHY J., JR.
STREET ADDRESS 135 N. PENNSYLVANIA ST.
CITY-ST-ZIP INDIANAPOLIS IN

☒ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE V
NAME DHONAU, ROBERT C.
STREET ADDRESS 135 N. PENNSYLVANIA ST.
CITY-ST-ZIP INDIANAPOLIS IN

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ST
NAME GRAY, DAVID L.
STREET ADDRESS 135 N. PENNSYLVANIA ST.
CITY-ST-ZIP INDIANAPOLIS IN

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME SABLE BUSINESS CENTER 5
STREET ADDRESS 3922 COCONUT PALM DR 106
CITY-ST-ZIP TAMPA, FL 33619

☒ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. GRAY

June 19, 1996 317-269-1346