

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 MAR 24 PM 2:36

DOCUMENT # P03541 (0)

1. Corporation Name

DEPOSIT GUARANTY MORTGAGE COMPANY OF FLORIDA, INC.

Principal Place of Business

PO BOX 1193
200 E CAPITOL STREET
JACKSON MS 39215-8193

Mailing Address

PO BOX 1193
200 E CAPITOL STREET
JACKSON MS 39215-8193

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified:
10/01/1984

3a. Date of Last Report
05/01/1994

4. FEI Number
64-0698969

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPD
NAME WALTERS, ALAN H.
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VS
NAME MOORE, LARRY W.
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT
NAME VEAZEY, DOUGLAS H.
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ROBINSON, E.B. JR
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP
NAME SELMAN, SUSAN
STREET ADDRESS 200 E CAPITOL ST
CITY-ST-ZIP JACKSON MS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MCDONALD, ARLEN
STREET ADDRESS 200 E. CAPITOL ST.
CITY-ST-ZIP JACKSON MS

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 110.07(1)(b), 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:

Don Vary
SIGNATURE ANY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/95

Date

401-948-4915

Daytime Phone