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 # P03541 (0)

1. Corporation Name
DEPOSIT GUARANTY MORTGAGE COMPANY OF FLORIDA, IN C.

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

3. Date Incorporated or Qualified: 10/01/1984
3a. Date of Last Report: 03/24/1995
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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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 ______ DATE ______
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPD	☐ DELETE
NAME	WALTERS, ALAN H.	
STREET ADDRESS	200 E CAPITOL ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	VS	☐ DELETE
NAME	MOORE, LARRY W.	
STREET ADDRESS	200 E CAPITOL ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	VT	☐ DELETE
NAME	VEAZEY, DOUGLAS H.	
STREET ADDRESS	200 E CAPITOL ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	☐ DELETE
NAME	ROBINSON, E.B. JR	
STREET ADDRESS	200 E CAPITOL ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	VP	☐ DELETE
NAME	SELMAN, SUSAN	
STREET ADDRESS	200 E CAPITOL ST	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	☐ DELETE
NAME	MCDONALD, ARLEN	
STREET ADDRESS	200 E. CAPITOL ST.	
CITY-ST-ZIP	JACKSON MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

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***400.00

5-6-96

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: Doug Veazey — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/95 Daytime Phone #: 601-968-4916

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