## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

## **FILED** Jan 16 1998 8:00am Secretary of State

FIRST FIDELITY MURIGAGE CORPORATION				
Principal Place of Business Mailing Address				
1		Mailing Address		
TWO RAVINIA DR., SUITE 1600 TWO RAVINIA DR., SUITE 1600 ATLANTA GA 30346 ATLANTA GA 30346			1600	
RIEMBIR OR SOUTO RIEMBIR OR SOUTO				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				01/02/1987
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26	···	58-1715107   Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22		27		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28	Countrie	Trust Fund Contribution Added to Fees
24	Country 25	<del></del>	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No
24	9. Name and Address of Currer		301	10. Name and Address of New Registered Agent
P.O.			81 Name	
BOND, C GUY			Patter	From Bond & Latshaw P.A.  Tress (P.O. Box Number is Not Acceptable)  South Third Street
FALLBATTER & BOND, P.A.			82 Street Add	ress (P.O. Box Number is Not Acceptable)
	1 W FORSYTH ST, STE 900		83	300HD 1111119 3418134
JA	CKSONVILLE FL 32202			
}			84 City	chaonville FL 85 Zip Code 32250
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statutes	s, the above-named cor	poration submits this statement for the purpose of changing its registered
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.				
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SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE.	Registered Agent signature requ	lired when reinstating) DATE
12.	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CTD	DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	Martin, John Kell		1.2 NAME	
STREET ADDRESS	3460 TUXEDO RD, NW		1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP	
TITLE	PD	DELETE	2.1 TITLE	Change Addition
NAME	Leline, A, Westcott Jr.		2,2 NAME	
STREET ADDRESS	7830 ST MARLO COUNTRY C	LUB PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA		2. 4 CITY - ST - ZIP	
TITLE	SC	DELETE	3.1 TITLE	Change Addition
NAME .	KELSEY, BRENDA LYNN		3.2 NAME	
STREET ADDRESS	6244 S SUMMER CIRCLE		3.3 STREET ADDRESS	
CITY - ST - ZIP	DOUGLASVILLE GA		3.4. CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	Change Addition
NAME	KROLL, CATHY		4. 2 NAME	
STREET ADDRESS	TWO RAVINIA DR STE 1600		4.3 STREET ADDRESS	}
CITY-SI-ZIP	ATLANTA GA		4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	;
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		l priere	5.4 CITY - ST - ZIP	Change L Audition
TITLE		DELETE	6.1 TITLE	La Change La Addition
NAME			6.2 NAME	· ·
Street Address			6.3 STREET ADDRESS	
DATE OF THE			CACIDA CY TID	,

14. 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 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:

1.5.98

770 390 1800