FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:56

DOCUMENT # P19590 (9)

1. Corporation Name
MID AMERICA MORTGAGE CORP.

Principal Place of Business	Mailing Address
200 NORTH WESTSHORE BOULEVARD. #300 TAMPA FL 33609	200 NORTH WESTSHORE BOULEVARD. #300 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1988
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21: 5100 W. Kennedy Blvd.
22 Suite, Apt. #, etc.: Suite 180
23 City & State: Tampa, FL.
24 Zip: 33609
25 Country: USA

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

4. FEI Number: 36-3570056 ☐ 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

9. Name and Address of Current Registered Agent

NOBLE, MARK A.
~~200 NORTH WESTSHORE BLVD.~~
~~SUITE 300.~~
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: Mark A. Noble
82 Street Address (P.O. Box Number is Not Acceptable): 5100 W. Kennedy Blvd.
83: Suite 180
84 City: Tampa, 85 FL Zip Code: 33609

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] N/A — 3-13-95
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	PD	1.1 TITLE	☒ Change	☐ Addition
NAME	NOBLE, RONALD B.	1.2 NAME		
STREET ADDRESS	955 RICE CT.	1.3 STREET ADDRESS	617 Stonefield Loop	
CITY-ST-ZIP	NAPERVILLE IL	1.4 CITY-ST-ZIP	Heathrow, FL. 32746	
TITLE	STD	2.1 TITLE	☐ Change	☐ Addition
NAME	SILVEOUS, C. DANIEL	2.2 NAME		
STREET ADDRESS	690 BUNTY STATION RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAWARE OH	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	☐ Change	☐ Addition
NAME	NOBLE, MARK A.	3.2 NAME		
STREET ADDRESS	1953 PROMENADE WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE	☒ Change	☐ Addition
NAME	NOBLE, S.L.	4.2 NAME		
STREET ADDRESS	955 RICE CT.	4.3 STREET ADDRESS	617 Stonefield Loop	
CITY-ST-ZIP	NAPERVILLE IL	4.4 CITY-ST-ZIP	Heathrow, FL. 32746	
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] President Ronald B. Noble 3-13-95 (407) 660-1414
SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR Date Daytime Phone #

0203618 CP