

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90225 043 \*\*\*150.00

DOCUMENT # P19590

1. Corporation Name

MERCANTILE MORTGAGE COMPANY

Principal Place of Business

5100 W. KENNEDY BLVD  
SUITE 180  
TAMPA FL 33609  
US

Mailing Address

5100 W. KENNEDY BLVD  
SUITE 180  
TAMPA FL 33609  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NOBLE, MARK A  
5445 MARINER STREET  
SUITE 215  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1988

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME NOBLE, RONALD B.  
STREET ADDRESS 617 STONEFIELD LOOP  
CITY-ST-ZIP HEATHROW FL

TITLE CD ☐ DELETE

NAME SILVEOUS, C. DANIEL  
STREET ADDRESS 690 BUNTY STATION RD.  
CITY-ST-ZIP DELAWARE OH

TITLE VD ☐ DELETE

NAME NOBLE, MARK A.  
STREET ADDRESS 3733 JOHNATHON AVE  
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE PD ☐ DELETE

NAME SILVEOUS, BRANT D.  
STREET ADDRESS 3416 OLENTANGY RIVER ROAD  
CITY-ST-ZIP DELAWARE OH 43015

TITLE ST ☐ DELETE

NAME LAISURE, SHERRI K.  
STREET ADDRESS 5288 MARDELA DRIVE  
CITY-ST-ZIP WESTERVILLE OH 43081

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same ☒ Change ☐ Addition

1.2 NAME Same

1.3 STREET ADDRESS 684 Stonefield Loop

1.4 CITY-ST-ZIP Same

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)