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

APPROVED AND FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20463** **(6)**

1. Corporation Name

INDEPENDENT MORTGAGE SERVICING CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1031 W MORSE BLVD SUITE 350 WINTER PARK FL 32789 US	1031 W MORSE BLVD STE 350 WINTER PARK FL 32789 US

3. Date Incorporated or Qualified: **08/11/1988**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business
21
Suite/Apt. #, etc. 22: Suite 300
City & State 23:
Zip 24 / Country 25

2a. Mailing Address
26
Suite/Apt. #, etc. 27: Suite 300
City & State 28:
Zip 29 / Country 30

4. FEI Number: **31-1199359** ☐ 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

MOULTON, LESLEY
1031 W. MORSE BLVD.
SUITE 300
WINTER PARK FL 32789

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	BARNES, JAMES T., JR.	12 NAME	
STREET ADDRESS	1031 W. MORSE BLVD., 300	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	32789
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	MOULTON, LESLEY	22 NAME	
STREET ADDRESS	1031 W MORSE BLVD #300	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	32789
TITLE	PD	31 TITLE	☒ Change ☐ Addition
NAME	ZULCOSKY, ROBERT	32 NAME	
STREET ADDRESS	1031 W. MORSE BLVD, STE 350	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	34 CITY-ST-ZIP	32789
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	SHOWERS, JOHNNY	42 NAME	
STREET ADDRESS	1031 W. MORSE BLVD., STE 350	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP	32789
TITLE	VP	51 TITLE	☒ Change ☐ Addition
NAME	JACKSON, JANET	52 NAME	
STREET ADDRESS	1031 W. MORSE BLVD, STE 350	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	54 CITY-ST-ZIP	32789
TITLE	C	61 TITLE	☒ Change ☐ Addition
NAME	GEIGER, MICHELE	62 NAME	
STREET ADDRESS	1031 W. MORSE BLVD. #300	63 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	64 CITY-ST-ZIP	32789

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: Michele Geiger 4/26/95 (407) 628-8720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Michele Geiger

0048740 CP