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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P22058 (2)  
1. Corporation Name  
PUBLIC MORTGAGE CORPORATION A GEORGIA CORPORATIO  
N



Principal Place of Business  
2500-W 13TH ST  
ST. CLOUD FL 34769-4112  
US

Mailing Address  
2500-W 13TH ST  
ST. CLOUD FL 34769-4129  
US

3. Date Incorporated or Qualified 12/09/1988	3a. Date of Last Report 04/12/1996
4. FEI Number 59-2910526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30 34769-4112

9. Name and Address of Current Registered Agent ANDERSON, D CHARLES 2500 W 13TH STREET ST. CLOUD FL 34769	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, D CHARLES	1.2 NAME	
STREET ADDRESS	2500-W 13TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	1.4 CITY - ST - ZIP	
TITLE	CV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDLE, P DOUGLAS	2.2 NAME	
STREET ADDRESS	2500-W 13TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	2.4 CITY - ST - ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, ROBERT	3.2 NAME	
STREET ADDRESS	2500-W 13TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	3.4 CITY - ST - ZIP	
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOFFNER, JACK	4.2 NAME	
STREET ADDRESS	2500-W 13TH STEET	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLOUD FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 of this report, or on an attachment with an address.

SIGNATURE: D. Charles Anderson 2/12/97 (407) 892-7137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)