

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90010 015 ***558.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P39837

1. Corporation Name

CITIZENS MORTGAGE, INC.

Principal Place of Business

1550 EAST 79TH ST.
SUITE 535
BLOOMINGTON MN 55425

Mailing Address

1550 EAST 79TH ST.
SUITE 535
BLOOMINGTON MN 55425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1992

4. FEI Number

41-1642053

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. ☐ Yes ☒ No

2. Principal Place of Business

21 1625 HIGHWAY 88

Suite, Apt. #, etc.

22

City & State

23 MINDEN, NV

Zip

24 89423

Country

25 DOUGLAS

2a. Mailing Address

26 1625 HIGHWAY 88

Suite, Apt. #, etc.

27

City & State

28 MINDEN, NV

Zip

29 89423

Country

30 DOUGLAS

9. Name and Address of Current Registered Agent

SAPURSTEIN, BERTRAM A.
9700 SOUTH DIXIE HWY.
SUITE 1000
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

DEANNA MORISON, CITIZENS MORTGAGE, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

1390 HOPE ROAD STE. #300

83

84 City

MAITLAND

FL

85 Zip Code
32751

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 ☐ DELETE

NAME **DPT**
BILLINS, J. W.
STREET ADDRESS **1550 E. 79TH ST., #535**
CITY-ST-ZIP **BLOOMINGTON MN**

TITLE ☐ DELETE

NAME **DVP**
GIBBS, JAMES W., JR.
STREET ADDRESS **1550 E. 79TH ST., #535**
CITY-ST-ZIP **BLOOMINGTON MN**

TITLE ☐ DELETE

NAME **S**
BILLINS, DONNA J
STREET ADDRESS **6901 W 84TH STREET, SUITE 116**
CITY-ST-ZIP **BLOOMINGTON MN 55438**

TITLE ☐ DELETE

NAME **D**
BILLINS, TODD A
STREET ADDRESS **17374 KODIAK AVENUE WEST**
CITY-ST-ZIP **LAKEVILLE MN**

TITLE ☒ DELETE

NAME **D**
BILLINS, KERY V
STREET ADDRESS **3903 CANTER GLEN DR**
CITY-ST-ZIP **EAGAN MN 55123**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1625 HIGHWAY 88**
1.4 CITY-ST-ZIP **MINDEN, NV 89423**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **1625 HIGHWAY 88**
2.4 CITY-ST-ZIP **MINDEN, NV - 89423**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **1625 HIGHWAY 88**
3.4 CITY-ST-ZIP **MINDEN, NV 89423**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **1625 HIGHWAY 88**
4.4 CITY-ST-ZIP **MINDEN, NV 89423**

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.

SIGNATURE:

WILLIAM W. BILLINS, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(775) 783-9766

Date

Daytime Phone #

CR2E034 (5/99)

0119548