

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

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Mar 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000009979 (5)**

1. Corporation Name  
**BRANNEN MORTGAGE COMPANY, INC.**

Principal Place of Business  
**204 W. MAIN ST.**  
**INVERNESS FL 34450**

Mailing Address  
**P.O. BOX 1829**  
**INVERNESS FL 34451-1829**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/08/1992</b>	3a. Date of Last Report <b>03/14/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3161002</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**BRANNEN, JOE S**  
**320 U.S. 41 SOUTH**  
**INVERNESS FL 34450**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
<b>FL</b>	

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 in plain text 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	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANNEN, GEORGE H II</b>	1.2 NAME	
STREET ADDRESS	<b>3300 S. PLEASANT GROVE ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34452</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRANNEN, JOE S</b>	2.2 NAME	
STREET ADDRESS	<b>SHADY LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL 34450</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSWALD, WAYNE H.</b>	3.2 NAME	
STREET ADDRESS	<b>1380 S. WATERVIEW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHY, JOSEPHINE A.</b>	4.2 NAME	
STREET ADDRESS	<b>2821 S. EAGLE TERR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TESSMER, JEANETTE B.</b>	5.2 NAME	
STREET ADDRESS	<b>8130 E. LOST POND LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INVERNESS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 if changed, or on an attachment with an address.

SIGNATURE:

*Josephine A. Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Josephine A. Murphy 2/27/97 (352) 726-9001**

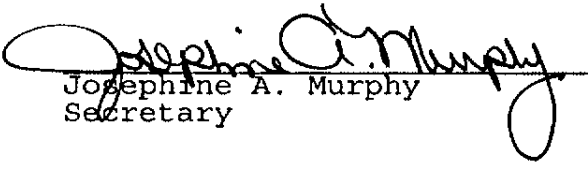
Date Daytime Phone #

CR2E034 (9/96)

Brannen Mortgage Company, Inc.  
Corporate Annual Report - 1997

No. 12 - Names and Street Addresses of Officers &  
Directors (Cont.)

<u>Title</u>	<u>Names</u>	<u>St. Address</u>	<u>City/State</u>
AVP	Kelly, Karen R.	2311 So. Coleman Avenue	Homosassa, FL 34448
AVP	Schaaf, Sandra R.	433 Hiawatha Ave.	Inverness, FL 34452

  
Josephine A. Murphy  
Secretary