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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000004912

1. Corporation Name
ATLANTIC HOME MORTGAGE, INC.

Principal Place of Business

1179 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233
US

Mailing Address

1179 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1993

4. FEI Number

59-3158443

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

2. Principal Place of Business

21 1639 BEACH BLVD.

Suite, Apt. #, etc.

22

23 Jacksonville Beach, FL

24 32250 25 USA

2a. Mailing Address

26 1639 BEACH BLVD.

Suite, Apt. #, etc.

27

28 Jacksonville Beach, FL

29 32250 30 USA

9. Name and Address of Current Registered Agent

J. BRIAN PHILLIPS
1179 ATLANTIC BLVD.
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name J. BRIAN PHILLIPS

82 Street Address (P.O. Box Number is Not Acceptable)
1639 BEACH BLVD.

83

84 City Jacksonville Beach FL 85 Zip Code 32250

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 J. Brian Phillips, President

1/1/99

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 PSTD
NAME PHILLIPS, JOHN B
STREET ADDRESS 1179 ATLANTIC BLVD.
CITY-ST-ZIP ATLANTIC BEACH FL

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME PHILLIPS, J. BRIAN
1.3 STREET ADDRESS 1639 BEACH BLVD.
1.4 CITY-ST-ZIP Jacksonville, FL 32250

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: J. Brian Phillips, President

Signature and typed or printed name of signing officer or director

1/1/99

904-241-5626

Date

Daytime Phone #

CR2E034 (11/98)