


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90106 045 ***150.00

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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 # P93000006613

1. Corporation Name
1ST AMERICAN MORTGAGE AND LENDING COMPANY, INC.

Principal Place of Business 2536 COUNTRYSIDE BLVD. 6TH FL CLEARWATER FL 33763 US	Mailing Address 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER FL 33763 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1993

4. FEI Number

59-3164713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DOUDNA, HEATHER L
2536 COUNTRYSIDE BLVD., SIXTH FLOOR
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

81 Name R. MAURY THORNTON

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

2536 COUNTRYSIDE BLVD

83 6th Floor

84 City Clearwater

FL

85 Zip Code 33763

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 R. MAURY THORNTON
Signature, typed or printed name of registered agent and title if applicable.

R. MAURY THORNTON Treasurer
(NOTE: Registered Agent signature required when reinstating)

4/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOESCH, GARY R	
STREET ADDRESS	2536 COUNTRYSIDE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	PEPE, W DENNIS	
STREET ADDRESS	2536 COUNTRYSIDE BLVD 6TH FL	
CITY-ST-ZIP	CLEARWATER FL 33763	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	THORNTON, R MAURY	
STREET ADDRESS	2536 COUNTRYSIDE BLVD 6TH FL	
CITY-ST-ZIP	CLEARWATER FL 33763	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE R. MAURY THORNTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

(727) 726-0726
Daytime Phone #

CR2E034 (11/98)