**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000017954 (7)**

1. Corporation Name

**MORTGAGE SOLUTIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 401 SOUTH MAGNOLIA AVE.<br>ORLANDO FL 32801 | P.O. BOX 1547<br>ORLANDO FL 32802<br>US |

3. Date Incorporated or Qualified: **03/09/1993**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **72-1234835** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHUMAN, W. HARRY**
**401 SOUTH MAGNOLIA AVE.**
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 new Registered Agent (and Title, if signing as an officer) (NEW Registered Agent signature required when listed) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N.12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SHUMAN, W. HARRY | | 1.2 NAME | | |
| STREET ADDRESS | 401 SOUTH MAGNOLIA AVE. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | TS | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GUTTMANN, E. LINDA | | 2.2 NAME | | |
| STREET ADDRESS | 2310 WESTMINSTER TERRACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PELTON, CHARLES R. | | 3.2 NAME | | |
| STREET ADDRESS | 199 SHERIDAN AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BREWER, SALLYE | | 4.2 NAME | | |
| STREET ADDRESS | 801 NORTH BLVD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BATON ROUGE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, JAMES B. | | 5.2 NAME | | |
| STREET ADDRESS | 2013 LIVE OAK BLVD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | ORTHMAN, THOMAS F. | | 6.2 NAME | Pittard, James B. Jr. | |
| STREET ADDRESS | 2201 SECOND STREET | | 6.3 STREET ADDRESS | 2600 Broadway | |
| CITY-ST-ZIP | FORT MYERS FL 19 | | 6.4 CITY-ST-ZIP | Riviera Beach, FL 33404 | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

X **SIGNATURE:** E. Linda Guttmann, S Vice Pres Treasurer 4/23/96 (407)841-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Florida Gutmann X620