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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 29 1997 8:00am

Secretary of State

813-424-6290

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000019526 (1)

PLAN MORTGAGE, INC.

SIGNATURE:

711 NORTH PARK RD. SUITE C PLANT CITY FL 33566 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Mailing Address 2c. Mailing Address 2c. Principal Place of Business 2d. Mailing Address 2d. Ele C. Mailing Address 2d. Mailing	Box Number is Not Acceptable	\$8.79 \$8.79 \$5.00 Adde stangible tax unde Yes No latered Agent	t Report Applied For Not Applicable Additional Required May Be ad to Fees
28. Mailing Address 4. FE 21	/15/1993 Number 9-3170021 tificate of Status Desired stion Campaign Financing st Fund Contribution s corporation has liability for in ida Statutes me and Address of New Regions Box Number is Not Acceptable	\$8.73 Fee \$5.0 Adde stangible tax unde Yes No latered Agent	Applied For Not Applicable 5 Additional Required DO May Be ad to Fees r s. 199.032,
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City & State Country Zip Country Zip Country 8. Th Fic 9. Name and Address of Current Registered Agent MADILL, DUANE A 711 NORTH PARK RD. SUITE C PLANT CITY FL 33568 83 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation su office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's boar agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reins)	stion Campaign Financing st Fund Contribution s corporation has liability for in ida Statutes me and Address of New Regi Box Number is Not Acceptable	Fee \$5.0 Adde tangible tax unde Yes No Istered Agent	Required O May Be ed to Fees r s. 199.032,
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25 29 30 Fic. 9. Name and Address of Current Registered Agent 10. No. MADILL, DUANE A 711 NORTH PARK RD. SUITE C PLANT CITY FL 33566 82 Street Address (P.O. 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation su office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's boar agent. Lam farm-liar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed name of regissored agencard title if applicable. (NOTE. Registered Agent signature required when reins.)	ida Statutes me and Address of New Regi Box Number is Not Acceptable profile this statement for the out	Yes No latered Agent 9) FL 85 Z	
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OFFICE OF DIDECTORS	ating)	DATE	
	TIONS/CHANGES TO OFFICE		
TITLE DELETE 1.3 TITLE		Chang	e Addition
NAME MADIL, DUANE A 1.2 NAME			
STREET ADDRESS 2705 DORENE DRIVE 1.3 STREET ADDRESS			
CITY-ST-ZIP PLANT CITY FL 33586 1.4 CITY-ST-ZIP		-	
TITLE DELETE 2.1 TITLE		L Chang	e L Addition
NAME 2.2 NAME	•		
STREET ADDRESS 2.3 STREET ADDRESS	•		
City - S1-ZiP 2.4 City - S1-ZiP Title Delete 3.1 Title		17100	
		L Chang	e L Addition
C-1Y - S1 - ZIP		Chang	e Addition
NAME 4. 2 NAME		L. Chang	s nduition
STREET ADDRESS 4.3 STREET ADDRESS			
City St - ZiP 4.4 City - St - ZiP			
TITLE DELETE 5.1 TITLE	***************************************	Chang	e Addition
NAME 5.2 NAME			
STREET ADDRESS 5.3 STREET ADDRESS			
CITY-ST-ZIP 5.4 CITY-ST-ZIP			
TITLE DELETE 6.1 TITLE	***************************************	☐ Chang	e 🔲 Addition
NAME 62 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
C-TY-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 indicated on this annual report or supplemental annual report is true and accurate and that my signal that my signal the section is the section of th	119.07(3)(i), Florida Statutes.	I further certify th	at the