

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

19968-7-96 B-7638 C

DOCUMENT # P93000033682 (4)

1. Corporation Name

EASTMAN REYNOLDS MORTGAGE CO., INC.



\$ 233 75

Principal Place of Business

Mailing Address

2 E CAMINO REAL
SUITE 117
BOCA RATON FL 33432

2 E CAMINO REAL
SUITE 117
BOCA RATON FL 33432

3. Date Incorporated or Qualified
05/07/1993

3a. Date of Last Report
08/04/1995

4. FEI Number
65-0413893

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

2. Principal Place of Business

2a. Mailing Address

21 2201 CORPORATE BLVD NW

26 2201 CORPORATE BLVD NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 102

27 SUITE 102

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33431

25 USA

29 33431

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCHER, ALBERT H
2 E CAMINO REAL
SUITE 117
BOCA RATON FL 33432

81 Name

ALBERT H. KOCHER

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

2201 CORPORATE BLVD NW

83

SUITE 102

84

City BOCA RATON

FL

85

Zip Code 33431

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

Albert H. Kocher

(Not Registered Agent signature required when resigning)

7/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KOCHER, ALBERT H
STREET ADDRESS 2 E CAMINO REAL #117
CITY - ST - ZIP BOCA RATON FL 33432

☐ DELETE

TITLE D
NAME KOCHER, SARA E
STREET ADDRESS 2 E CAMINO REAL #117
CITY - ST - ZIP BOCA RATON FL 33432

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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TITLE
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CITY - ST - ZIP

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

D
KOCHER, ALBERT H.
2201 CORPORATE BLVD SUITE 102
BOCA RATON, FL 33431

☒ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

D
FONDEUR, RALPH H.
2201 CORPORATE BLVD SUITE 102
BOCA RATON, FL 33431

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96 (407) 998-7773

CR2E034 (3/96)