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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 18 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000035864 (6)**

1. Corporation Name

ACCESS MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
425 W. HOLLYWOOD BLVD SUITE D MARY ESTHER FL 32569	P.O. BOX 189 MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1993	3a. Date of Last Report: 02/16/1994
4. FEI Number: NOT APPLICABLE	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V/P	11 TITLE		☐ Change ☐ Addition
NAME	BROWN, ROBERT JR.	12 NAME		
STREET ADDRESS	1001 SHALIMAR PT DRIVE	13 STREET ADDRESS		
CITY ST ZIP	SHALIMAR FL 32579	14 CITY ST ZIP		
TITLE	EVP	21 TITLE		☒ Change ☐ Addition
NAME	EARL J. CLARK	22 NAME		
STREET ADDRESS	942 SHALIMAR PT DR	23 STREET ADDRESS	233 THOMAS COURT NW	
CITY ST ZIP	SHALIMAR FL 32579	24 CITY ST ZIP	FT. WALTON BEACH, FL 32548	
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	ROBERT L. BROWN	32 NAME		
STREET ADDRESS	1004 SHALIMAR PT DR	33 STREET ADDRESS		
CITY ST ZIP	SHALIMAR FL 32579	34 CITY ST ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	CAROLE L. SIMPSON	42 NAME		
STREET ADDRESS	5882 STACY LANE	43 STREET ADDRESS		
CITY ST ZIP	CRESTVIEW FL 32536	44 CITY ST ZIP		
TITLE	AVP	51 TITLE		☐ Change ☐ Addition
NAME	BRENDA N. SLUSCHEWSKI	52 NAME		
STREET ADDRESS	2550 ERWIN FLEET RD	53 STREET ADDRESS		
CITY ST ZIP	SHALIMAR FL 32579	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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 addition.

SIGNATURE: [signature] 1/10/95 904-243-1994

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Title — (Daytime Phone #)

PRESIDENT

0470011 FP