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 # **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

3. Date Incorporated or Qualified: **05/18/1993**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROBERT JR.	1.2 NAME	
STREET ADDRESS	1001 SHALIMAR PT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	1.4 CITY-ST-ZIP	
TITLE	EVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EARL J. CLARK	2.2 NAME	
STREET ADDRESS	233 NW THOMAS CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT L. BROWN	3.2 NAME	
STREET ADDRESS	1004 SHALIMAR PT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAROLE L. SIMPSON	4.2 NAME	
STREET ADDRESS	5882 STACY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	4.4 CITY-ST-ZIP	
TITLE	AVP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRENDA N. SLUSCHEWSKI	5.2 NAME	
STREET ADDRESS	2550 ERWIN FLEET RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: [signature] 1/17/96 904-243-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT L. BROWN, SR. PRESIDENT