

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90183 025 ***150.00

DOCUMENT # P93000035864

1. Corporation Name

ACCESS MORTGAGE CORPORATION

Principal Place of Business

**425 W. HOLLYWOOD BLVD
SUITE D
MARY ESTHER FL 32569**

Mailing Address

**P.O. BOX 189
MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

27

City & State

28

Zip

29

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V/P** ☐ DELETE

NAME **BROWN, ROBERT JR.**
STREET ADDRESS **1001 SHALIMAR PT DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **EVP** ☐ DELETE

NAME **EARL J. CLARK**
STREET ADDRESS **233 NW THOMAS CT**
CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE **P** ☐ DELETE

NAME **ROBERT L. BROWN**
STREET ADDRESS **1004 SHALIMAR PT DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **VP** ☐ DELETE

NAME **CAROLE L. SIMPSON**
STREET ADDRESS **5882 STACY LANE**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **AVP** ☐ DELETE

NAME **BRENDA N. SLUSCHEWSKI**
STREET ADDRESS **2550 ERWIN FLEET RD**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **BROWN, ROBERT, JR**
1.3 STREET ADDRESS **1001 SHALIMAR PT DRIVE**
1.4 CITY-ST-ZIP **SHALIMAR, FL 32579**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

3.2 NAME **BROWN, ROBERT, SR.**
3.3 STREET ADDRESS **1004 SHALIMAR PT DR**
3.4 CITY-ST-ZIP **SHALIMAR, FL 32579**

4.1 TITLE **VICE PRESIDENT** ☒ Change ☐ Addition

4.2 NAME **SIMPSON, CAROLE**
4.3 STREET ADDRESS **5852 WARD RANCH ROAD**
4.4 CITY-ST-ZIP **CRESTVIEW, FL 32536**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)