(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

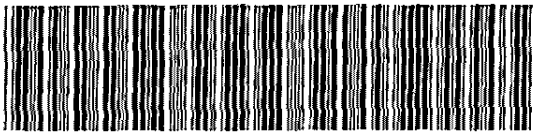
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900037713769

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
425 W. HOLLYWOOD BLVD
SUITE D
MARY ESTHER FL 32569

Mailing Address
P.O. BOX 183
MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

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 / Country 25	Zip 29 / Country 30

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
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 ______ DATE ______
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/P	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	2.1 TITLE	☒ Change ☐ Addition
NAME	EARL J. CLARK	2.2 NAME	
STREET ADDRESS	942 SHALIMAR PT DR	2.3 STREET ADDRESS	233 THOMAS COURT NW
CITY-ST-ZIP	SHALIMAR FL 32579	2.4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	P	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	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	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		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), Florida Statutes. I further certify that the information indicated on this 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] 1/10/95 904-243-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT