SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $870)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:46

DOCUMENT # P93000043336 (5)

1. Corporation Name
D & E MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
14502 N. DALE MABRY STE. #329 TAMPA FL 33618 US	14502 N. DALE MABRY STE. 329 TAMPA FL 33618 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 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: 06/17/1993
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-3191662 — ☐ 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

COLSON, SHANNON
16119 DAWNVIEW
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: J. E. Stone
82 Street Address (P.O. Box Number is Not Acceptable): 19001 Norller Ct.
83 Lutz
84 City: FL 85 Zip Code: 33549

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: J. E. Stone, JE Stone — DATE: 6/20/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	STONE, J. E.
STREET ADDRESS	19001 NORLLER COURT
CITY ST ZIP	LUTZ FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/VP	☐ Change ☒ Addition
1.2 NAME	D. M. Stone, Jr.	
1.3 STREET ADDRESS	16119 Dawnview	
1.4 CITY ST ZIP	Tampa, Fla. 33624	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	Pam Pierce	
2.3 STREET ADDRESS	4053 Crescent Rd	
2.4 CITY ST ZIP	Springhill, Fla. 34606	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
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 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 address.

SIGNATURE: JE Stone, J. E. Stone — 6/20/95 — 813 969-3118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

0100070 CP