SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

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 JUN 19 PM 11:26

DOCUMENT # P93000051027 (9)

1. Corporation Name
THE MORTGAGE SOURCE OF LAKELAND, INC.

Principal Place of Business	Mailing Address
4736 HWY 98 N LAKELAND FL 33809	4736 HWY 98 N LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1993**
3a. Date of Last Report: **01/28/1994**

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

4. FEI Number: **59-3198132** ☐ 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

CRAWFORD, TRINA M
4736 HWY 98 N
LAKELAND FL 33809

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	CRAWFORD, WALTER W SR	12 NAME	Crawford, Walter, W. Sr.	
STREET ADDRESS	4736 HWY 98 N	13 STREET ADDRESS	4736 U.S. Hwy 98 North	
CITY-ST-ZIP	LAKELAND FL 33809	14 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	21 TITLE	VP	☒ Change ☐ Addition
NAME	CRAWFORD, SHIRLEY E	22 NAME	Crawford, Shirley E.	
STREET ADDRESS	4736 HWY 98 N	23 STREET ADDRESS	4736 U.S. Hwy 98 North	
CITY-ST-ZIP	LAKELAND FL 33809	24 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	31 TITLE	S	☒ Change ☐ Addition
NAME	CRAWFORD, TRINA M	32 NAME	Crawford, Trina M.	
STREET ADDRESS	4736 HWY 98 N	33 STREET ADDRESS	4736 U.S. Hwy 98 North	
CITY-ST-ZIP	LAKELAND FL 33809	34 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	Crawford, Walter W. Jr.	
STREET ADDRESS		43 STREET ADDRESS	4736 U.S. Hwy 98 North	
CITY-ST-ZIP		44 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Trina Crawford/TRINA CRAWFORD 6-12-95 (941) 858-6700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Phone #

0100037 CP