

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000051027 (9)**

1. Corporation Name

THE MORTGAGE SOURCE OF LAKELAND, INC.



Principal Place of Business 4732 US HWY 98 N LAKELAND FL 33809 US	Mailing Address 4732 US HWY 98N LAKELAND FL 33809 US
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3. Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3198132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CRAWFORD, TRINA M 4732 US HWY 98N LAKELAND FL 33809	
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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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, WALTER W SR		1.2 NAME TRINA M. CRAWFORD	
STREET ADDRESS 4732 HWY 98N		1.3 STREET ADDRESS 4732 U.S. Highway 98 North	
CITY-ST-ZIP LAKELAND FL		1.4 CITY-ST-ZIP Lakeland, FL 33809	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, SHIRLEY E		2.2 NAME Walter W. Crawford, Sr.	
STREET ADDRESS 4732 HWY 98N		2.3 STREET ADDRESS 4732 U.S. Highway 98 North	
CITY-ST-ZIP LAKELAND FL		2.4 CITY-ST-ZIP Lakeland, FL 33809	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, TRINA M		3.2 NAME Shirley Crawford	
STREET ADDRESS 4732 HWY 98N		3.3 STREET ADDRESS 4732 U.S. Highway 98 North	
CITY-ST-ZIP LAKELAND FL		3.4 CITY-ST-ZIP Lakeland, FL 33809	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, WALTER W JR		4.2 NAME Walter W. Crawford, Jr.	
STREET ADDRESS 4732 HWY 98N		4.3 STREET ADDRESS 4732 U.S. Highway 98 North	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP Lakeland, FL 33809	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: SIGNATURE REQUIRED Pres. 3-24-97 (941) 858-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0524177

CR2E034 (9/96)