

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90053 050 ***150.00

DOCUMENT # P93000063321

1. Corporation Name

NEWCASTLE MORTGAGE CORPORATION

Principal Place of Business

1617 STONE ST
OVIEDO FL 32765
US

Mailing Address

435 DOUGLAS AVE #1005
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1993

4. FEI Number

59-3190610

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 2066 Poinciana Rd
Suite, Apt. #, etc.

22 City & State
Winter Park FL

23 Zip Country
32792 Semenovale

24 32792 25 Semenovale

2a. Mailing Address

26 2066 Poinciana Rd
Suite, Apt. #, etc.

27 City & State
Winter Park FL

28 Zip Country
32792 Sem.

29 32792 30 Sem.

9. Name and Address of Current Registered Agent

KILGORE, MARY-JEAN
1617 STONE STREET
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name Robin L. Kilgore

82 Street Address (P.O. Box Number is Not Acceptable)
2864 Pickett Downs Rd

83

84 City Chuluota FL

85 Zip Code
32766

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KILGORE, ROBIN L
STREET ADDRESS 2864 PICKETT DOWNS RD
CITY-ST-ZIP CHULUOTA FL

TITLE PD ☐ DELETE

NAME KILGORE, MARY-JEAN
STREET ADDRESS 1617 STONE STREET
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Robin L. Kilgore
1.3 STREET ADDRESS 2864 Pickett Downs Rd
1.4 CITY-ST-ZIP Chuluota FL 32766

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robin L. Kilgore 4/20/99

Date

Daytime Phone #

407-782-3695

CR2E034 (11/98)