

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 26 1998 8:00am
Secretary of State

DOCUMENT # P93000075537 (9)

1. Corporation Name
FIRSTBANK MORTGAGE COMPANY, INC.

Principal Place of Business
11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

Mailing Address
11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

59-3208650

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELLS, CLYDE N JR
11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALTERS, TIMOTHY D
STREET ADDRESS 4500 SALISBURY RD., SUITE 160
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D
NAME DRUMMOND, W J
STREET ADDRESS 11125 STOWE COTTAGE LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D
NAME GARDNER, THOMAS A
STREET ADDRESS PO BOX 1335 N/A
CITY-ST-ZIP PONTE VEDRA BEACH FL 32004

TITLE D
NAME WELLS, CLYDE N JR
STREET ADDRESS 5032 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D
NAME EDWARD MINOR
STREET ADDRESS 6357 JACK WRIGHT BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FLORIDA 32092

TITLE D
NAME CONRAD J. QUART, JR.
STREET ADDRESS 1239 FRUIT COVE ROAD
CITY-ST-ZIP JAX, FLA 32259

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE: [Signature]

CR2E034 (5/98)