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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90097 020 \*\*\*150.00

0038952

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000075537**

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

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

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

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

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

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

TITLE **DVP** ☐ DELETE  
NAME **MINOR, R. EDWARD**  
STREET ADDRESS **6357 JACK WRIGHT ISLAND RD**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32092**

TITLE **PTD** ☐ DELETE  
NAME **GUNTI, JR. C**  
STREET ADDRESS **1239 FRUIT COVE RD**  
CITY-ST-ZIP **JACKSONVILLE FL 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 **DVP-S**  
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 **DP**  
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

Date

Daytime Phone #

CR2E034 (1/98)