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95 MAY -1 AM 9: 21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REMITTED BY MAY 1
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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000001538 (5)**
1. Corporation Name
NORTH FLORIDA MORTGAGE CORPORATION

Principal Place of Business: **373 FIFTH STREET ATLANTIC BEACH FL 32233**
Mailing Address: **373 FIFTH STREET ATLANTIC BEACH FL 32233**

2. Principal Place of Business: **11601 Beach Blvd BEACH Jacksonville, FL**
2a. Mailing Address: **11601 Beach Blvd BEACH Jacksonville, FL**
23. Zip: **32250** Country: **USA**
24. Zip: **32250** Country: **USA**

3. Date Incorporated or Qualified: **01/01/1994**
3a. Date of Last Report: **01/01/1994**
4. FEI Number: **59-3217418**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MACINNES, DAVID H
373 FIFTH STREET
ATLANTIC BEACH FL 32233**

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) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David H. MacInnes	1.2 NAME	
STREET ADDRESS	373 5th St.	1.3 STREET ADDRESS	600001493076
CITY, ST, ZIP	Atlantic Beach, FL 32233	1.4 CITY, ST, ZIP	-05/18/95--01026--014
TITLE		2.1 TITLE	****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David H. MacInnes* **5/1/95 MGT** **2/22/95** **904-241-1177**