

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90187 026 ***158.75

DOCUMENT # P94000001642

1. Corporation Name

RESIDENTIAL LENDERS, INC.

Principal Place of Business

3504 LAKE LYNDA DR
SUITE 380
ORLANDO FL 32817
US

Mailing Address

3504 LAKE LYNDA DR
SUITE 380
ORLANDO FL 32817
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1994

2. Principal Place of Business

21 3505 LAKE LYNDA DR

2a. Mailing Address

26 3505 LAKE LYNDA DR

Suite, Apt. #, etc.

22 SUITE 110

Suite, Apt. #, etc.

27 SUITE 110

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

Zip Country

24 32817 25 US

Zip Country

29 32817 30 US

4. FEI Number

59-3248201

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

9. Name and Address of Current Registered Agent

VICKERS, JOHN
3504 LAKE LYNDA DR
SUITE 380
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

JOHN VICKERS

82 Street Address (P.O. Box Number is Not Acceptable)

3505 LAKE LYNDA DR

83

SUITE 110

84

CITY ORLANDO

FL

85

Zip Code 32817

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

JOHN VICKERS

2-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VICKERS, LUCAS S
STREET ADDRESS 844 BIG BUCK CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P ☒ Change ☐ Addition
VICKERS, LUCAS S
2800 STRAND LOOP CT
OVIDO, FL 32765

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

C# ☐ Change ☒ Addition
VICKERS, JOHN M
844 BIG BUCK CIRCLE
WINTER SPRINGS, FL 32708

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

V ☐ Change ☒ Addition
THAGGARD, STEPHEN F
1053 LONG BRANCH LANE
OVIDO, FL 32765

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

JOHN VICKERS

2-5-99

Date

407 6584600

Daytime Phone #

CR2E034 (11/98)