NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -3 AM 11:08

DOCUMENT # P94000026550 (1)

1. Corporation Name
FIRST FINANCIAL FUNDING MORTGAGES, INC.

Principal Place of Business	Mailing Address
3490 N. MONROE STREET TALLAHASSEE FL 32303	3490 N. MONROE STREET TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 119 E Georgia ST	26 119 E Georgia ST
Suite, Apt. #, etc. 22 Suite 5	Suite, Apt. #, etc. 27 Suite 5
City & State 23 Tallahassee Fla	City & State 28 Tallahassee Fla
Zip / County 24 32301 / 25 Leon	Zip / County 29 32301 / 30 Leon

4. FEI Number: 59 3233957 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUTLEDGE ECENIA UNDERWOOD PURNELL &HOFFMAN
215 S. MONROE STREET
SUITE 420
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Edgar E. Phillips
82 Street Address (P.O. Box Number is Not Acceptable): 119 E. Georgia ST
83: Suite 5
84 City: Tallahassee FL 85 Zip Code: 32301

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Edgar E. Phillips 8/1/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Edgar E. Phillips	12 NAME	
STREET ADDRESS	119 E Georgia St #5	13 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee Fla 32301	14 CITY-ST-ZIP	
TITLE	V. Pres.	21 TITLE	☐ Change ☐ Addition
NAME	Edgar E. Phillips	22 NAME	
STREET ADDRESS	119 E. Georgia St. #5	23 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee Fla 32301	24 CITY-ST-ZIP	
TITLE	Secretary	31 TITLE	☐ Change ☐ Addition
NAME	Edgar E. Phillips	32 NAME	
STREET ADDRESS	119 E. Georgia St. #5	33 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee Fla 32301	34 CITY-ST-ZIP	
TITLE	Treasurer	41 TITLE	☐ Change ☐ Addition
NAME	Edgar E. Phillips	42 NAME	
STREET ADDRESS	119 E. Georgia St #5	43 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee Fla 32301	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

no change

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)(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: Edgar E. Phillips 8/1/95 562-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020773 CP