

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000043197 (0)

1. Corporation Name

PROFESSIONAL MORTGAGE GROUP, INC.

Principal Place of Business

**2832 MINE & MILL RD
LAKELAND FL 33801**

Mailing Address

**2832 MINE & MILL RD
LAKELAND FL 33801**

**APPROVED
AND
FILED**
95 APR 28 PM 2:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

4. FEI Number

59-3242995

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

2. Principal Place of Business

21 2058A E. Edgewood Dr.

2a. Mailing Address

26 P.O. Box 1763

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lakeland, Fl.

City & State

28 Eaton Park, Fl.

Zip

24 33803

Country

25 USA

Zip

29 33840

Country

30 USA

9. Name and Address of Current Registered Agent

**STOJIC, T J
1517 COMMERCIAL PARK DR
LAKELAND FL 33801**

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 of applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

**D
NAME
MC GEE, ARLENE
STREET ADDRESS
601 INGRAHAM AVE
CITY - ST - ZIP
LAKELAND FL 33801**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
D
1.2 NAME
ARLENE MCGEE
1.3 STREET ADDRESS
1603 Lawton Lane
1.4 CITY - ST - ZIP
Lakeland, Fl. 33803**



Change



Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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



Change



Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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



Change



Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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



Change



Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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



Change



Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**



Change



Addition

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 110.07(3)(b), 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:

Arlene B. McGee

Arlene McGee, President 4-25-95

813-667-0991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #