

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043197 (0)

1. Corporation Name

PROFESSIONAL MORTGAGE GROUP, INC.



Principal Place of Business

Mailing Address

2058A E EDGEWOOD DRIVE
LAKELAND FL 33803
US

P.O. BOX 1763
EATON PARK FL 33840
US

3. Date Incorporated or Qualified
06/06/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOJKIC, T J
1517 COMMERCIAL PARK DR
LAKELAND FL 33801

81 Name

KELLY B HARDWICK III

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

341 W. DAVIDSON STREET, SUITE 301

83

84 City

BARROW, FL

FL

85 Zip Code
33830

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

Kelly B. Hardwick III

7/31/96

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 D
NAME MCGEE, ARLENE
STREET ADDRESS 1603 LAWTON LANE
CITY - ST - ZIP LAKELAND FL

DELETE

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

DIRECTOR
GEORGE W. MCGEE
2058A E. EDGEWOOD DR
LAKELAND, FL 33803

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. McGee

7/31/96

Date

944-667-6991

Display Phone #

CR2E034 (3/96)