**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State/ DIVISION OF CORPORATIONS

DOCUMENT # 69400043147

**FILED** Jun 01, 2000 8:00 am Secretary of State

06-01-2000 90277 001 \*\*\*300.00

1. Corpora	ation Name		٠/								
Professional Mortgage Group, Inc.						16885					
Principal Ptace of Business Mailing Address						_	<b>v</b> 0 (	, 0			
		waiing	Aduress								
20	58A F Edgowood D			_							
2058A E. Edgewood Dr. P.O. Box 1763 Lakeland, Fl. 33803 Eaton Park Fl					DO NOT WRITE IN THIS SPACE						
	Merand, Fr. 33803		Eat	on Par		1.	3. Date Incorporated or Qualifed				
2. Principal	Place of Business	10-11:		338	40		6/6/94				
21	The of Eddiness	<del>-</del>	ing Address				6/6/94 4. FEI Number			Applied For	
Suite, Ap	ot. #, etc.	26 Suite	e, Apt. #, etc.		<del></del>		59-3242995			Not Applicable	
22		27					5. Certifcate of Status Desired			Additional	
City & State		City & State					6 Flories Committee 5:			Required	
23		28				}	Election Campaign Financing     Trust Fund Contribution			May Be	
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country	,		8. This corporation owes the curr	ent veer Ir		to Fees	
24	9. Name and Address of Current	29		30	_,		Personal Property Tax.		☐ Yes	□No	
	o. Name and Address of Current	Registered	Agent		г		10. Name and Address of New F	Registered	Agent		
Geo	orge W. McGee			81	Nam	1e					
202	Sylvester Road,	S-1			Stree	et Address	ss (P.O. Box Number is Not Acceptable)		-:		
Lak	celand, Fl 33803	.⊃~ i }		83	<del> </del>		·				
	े स्था	•					,				
				84	City				85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	nd 607.150	8, Florida Statuti	es, the above	-name	d corpora	tion submits this statement for the	FL			
agent, I a	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Suc ns of, Sectic	h change was a n 607.0505. Flo	uthorized by i	the con	poration's	board of directors. I hereby accept	the appoi	changing its intment as re	registered egistered	
SIGNATURE				ned Glatetas.							
12.	Signature, typed or printed name of registered agent an			Registered Agent	signature	required who	en reinstating)	DATE			
TITLE	OFFICERS AND I	JIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	RS IN 12	
NAME	President		DELETE	1.1 TITLE					☐ Change	☐ Addition	
STREET ADDRESS	George W. McGee				1.2 NAME						
CITY-ST-ZIP	2025 Sylvester R	oad,	S-1	1.3 STREET		\$ [					
TITLE	Lakeland, Fl 33	803	DELETE	1.4 CITY-ST-ZIP		<del></del>					
NAME				2.2 NAME		;			Change	Addition	
STREET ADDRESS				2.3 STREET A	iDDRESS				-		
CITY-ST-ZIP		•	-	2, 4 CMY-ST-				`			
TITLE		<u> </u>	DELETE	3.1 TITLE		<del> </del>			Change	Addition	
IAME		, .		3.2 NAME		1					
TREET ADDRESS				3.3 STREET A	DDRESS						
ITY-ST-ZIP				3.4. CITY-ST-	ZIP						
** <b>=</b>			DELETE	4.1 TITLE		İ			Change	Addition	
WEET ADDRESS				4.2 NAME	j						
ST-ZIP				4 3 STREET AL						ŀ	
			☐ DELETE	4.4 CITY-ST-Z 5.1 TITLE	<u></u>						
··-				5.2 NAME	1				Change	Addition	
- "LLI ADDRESS				5.3 STREET AD	OPESS						
· · · ST- ZIP				5.4 CITY-ST-ZI	1		0				
			DELETE	6.1 TITLE					Change	Addition	
=				62 NAME	}			,	cungo		
LLI AÚDRESS				53STREET AD	DRESS						
St zin	rtify that the information supplied with this	Glina		6.4 CITY-ST-7/7	-						

Thereby 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 logal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

:GNATURE:

OFFICER OR DIRECTOR

941-667-0991

#P9400004319	7
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Attachment 16885

, , , ,	, , ,					lя	This corporation owes the	current year Inta	ingible	∏No
	Country	Zip		Country			Demonal Property Tax.			
Zip	25	29	30			10.	Name and Address of N	ew Registered /	Agent	
	9. Name and Address of Curre	nt Registered Age	nt	81	Name					
	9. Italiic Lite							centable)		
	MacCoo			82	Street A	ddress (f	P.O. Box Number is Not Ac	CEPIODIO		
Geor	ge W. McGee	l, S-1								
2025	Sylvester Road	2, 3-1		83					<del></del>	
Lake	eland, Fl 338	303						FI	85 Zip C	2006
				84	City				shanging its	registere
	to the provisions of Sections 607.0 sgistered agent, or both, in the Sta			the above	e-named 0	orporation	on submits this statement for	or the purpose of	intment as re	gistered
	the provisions of Sections 607.0	502 and 607.1508, F	Florida Statutes,	nized by	the corpo	ration's t	poard of directors. I necessy	accopt		
11. Pursuant of fife of fi	to the provisions or both, in the Sta egistered agent, or both, in the Sta in familiar with, and accept the obli	te of Florida. Such Constitution of Section 6	07.0505, Florida	Statutes	•					
agent. I ar	n familiar with, and accept the obti	gations on our								
			(NOTE: Re	istered Ager	nt signature <	quired wher	n reinstating) ADDITIONS/CHANGES 1	O OFFICERS A	ND DIRECTO	ORS IN 1
SIGNATURE	Signature, typed or printed name of registered a	AND DIRECTORS		13.			ADDITIONS/CHARGES		Change	☐ Add
12.	OFFICERS	AND DIRECTORS	DELETE	1.1 TITLE	-					
TITLE		'		12 NAME	(					
· -	President	_			T ADORESS					
NAME	George W. McGeo	3 - 7	c 1	2						Ad
STREET ADDRESS	lanae culveste:	r Roaq,	S-1	1.4 CITY-S	ST-ZIP				☐ Change	ĽI∧u
CITY-ST-ZIP	Lakeland, Fl	<del>-33803</del>	DELETE	2.1 TITLE						
TITLE	i Banozarr,			2.2 NAME		<u> </u>			atanoible	
<del></del>	Country	Zip		Countr	У	ł	8. This corporation owes t	ne current year ii	Yes	□No
Zip		29	30	5			Personal Property Tax.	No eleterat		
24	9. Name and Address of Cur		ent			1	0. Name and Address of	New Registerer	7 Ago.K	
	9. Name and Address of Cur	Terri registere a	2	8	Name					
•	WC			<u> </u>	1	Addross	(P.O. Box Number is Not	Acceptable)		
Ge	eorge W. McGee	1		82	Street	Address	(1.0. Box 140111661 16 11 11			
20	025 Sylvester Ro	pad, S-1		8:	+					•
Tiá	akeland, Fl	33803		"	1				705 7:0	Code
	•			8	4 City		<del></del>	FI	85 Zip	Cone
					'				- Cabanaina il	Is register
	to the provisions of Sections 607.	0502 and 607 1508.	Florida Statutes	, the abo	ve-named	corpora	tion submits this statement	tor the pulpose to accept the app	ointment as r	registered
11. Pursuant	to the provisions of Sections 607, registered agent, or both, in the St	ate of Florida. Such	change was auti	norized b	y the corp	oration s	ODAIG OF GIRCLOFS. THE SE	,		
agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	ligations of, Section	607.0505, FIDITO	a Statute	J.					
SIGNATURE			_			required wh	en reinstating)	DATE		
SIGNATURE	Stonature, typed or printed name of registered	agent and title if applicable	. (NOTE. K	13.			ADDITIONS/CHANGES	TO OFFICERS A	AND DIRECT	ORS IN
12.	OFFICERS	AND DIRECTORS	DELETE	1.1 TITLE		Γ			Change	e 🗀 A
TITLE	President		C) DECE IE	1						
NAME		^		1.2 NAME						
	George W. McGe	ъ. ъ. 1 С	. 1	1.3 STRE	ET ADDRESS					
STREET ADDRESS		Road, S	; — 1	1.4 CITY	ST-ZIP				Change	e 🗆 A
CITY-ST-ZIP	Lakeland, Fl	— <del>-33803</del> —	□ DELETE	2.1 TITLE		Ţ			C) Onong	, ,
TITLE				2.2 NAM	:	1				
NAME				Ħ	ET ADDRESS					
STREET ADDRESS	s			1	-	1				
CITY-ST-ZIP				2, 4 CITY		+			Change	e D <i>F</i>
TITLE			□ DELETE	3.1 TITLE						
!	ł			3.2 NAM						
NAME				33 STR	ET ADDRESS	s l				
STREET APPRES	51									