

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000046169 (6)

1. Corporation Name

CALIBER MORTGAGE COMPANY OF JACKSONVILLE, INC.



Principal Place of Business

7800 BELFORT PARKWAY  
SUITE 235  
JACKSONVILLE FL 32256

Mailing Address

7800 BELFORT PARKWAY  
SUITE 235  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified  
06/16/1994

3a. Date of Last Report  
06/21/1995

2. Principal Place of Business

2a. Mailing Address

21 8917 Western Way

26 8917 Western Way

4. FEI Number

59-3253842

Applied For

Not Applicable

22 Suite 6

27 Suite 6

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Jacksonville, Florida

28 Jacksonville, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 32256

25 Duval

29 32256

30 Duval

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSON, KARL B JR.  
50 N. LAURA STREET  
SUITE 2800  
JACKSONVILLE FL 32202

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.

Jeffrey A. Conn

01/24/96

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D  
NAME  
CONN, JEFFREY A  
STREET ADDRESS  
7800 BELFORT PARKWAY, SUITE 235  
CITY, ST, ZIP  
JACKSONVILLE FL 32256

☐ DELETE

1.1 TITLE

D  
NAME  
Jeffrey A. Conn  
STREET ADDRESS  
8917 Western Way, Suite 6  
CITY, ST, ZIP  
Jacksonville, FL 32256

☒ Change ☐ Addition

1.2 TITLE

D  
NAME  
COLEY, W. ALEX  
STREET ADDRESS  
7800 BELFORT PARKWAY, SUITE 235  
CITY, ST, ZIP  
JACKSONVILLE FL 32256

☐ DELETE

2.1 TITLE

D  
NAME  
W. Alex Coley  
STREET ADDRESS  
8917 Western Way, Suite 6  
CITY, ST, ZIP  
Jacksonville, FL 32256

☒ Change ☐ Addition

1.3 TITLE

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

1.4 TITLE

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

1.5 TITLE

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

1.6 TITLE

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

1.7 TITLE

☐ DELETE

7.1 TITLE

☐ Change ☐ Addition

1.8 TITLE

☐ DELETE

8.1 TITLE

☐ Change ☐ Addition

1.9 TITLE

☐ DELETE

9.1 TITLE

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

SIGNATURE: *[Signature]*

Jeffrey A. Conn

01/24/96

Date Daytime Phone #

CR2E034 (12/95)