

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000049517 (3)

1. Corporation Name

CHOCTAW MORTGAGE COMPANY

Principal Place of Business

220 WEST GARDEN STREET
SUN BANK TOWER 9TH FLOOR
PENSACOLA FL 32501

Mailing Address

220 WEST GARDEN STREET
SUN BANK TOWER 9TH FLOOR
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1994

3a. Date of Last Report
6/30/94

4. FEI Number

59-3252333

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. 199.034,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 29-B MIRACLE STRIP PKWY

2a. Mailing Address

26 29-B MIRACLE STRIP PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. WALTON BCH., FL

City & State

28 FT. WALTON BCH., FL

Zip

24 32548

Country

25 OKALOOSA

Zip

29 32548

Country

30 OKALOOSA

9. Name and Address of Current Registered Agent

WESTMORELAND, J L
220 WEST GARDEN STREET
SUN BANK TOWER 9TH FLOOR
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 the # applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, CHARLES M
STREET ADDRESS 29B MIRACLE STRIP PARKWAY
CITY - ST - ZIP FT. WALTON BEACH FL 32548

TITLE D
NAME SMITH, ROBERT H
STREET ADDRESS 29B MIRACLE STRIP PARKWAY
CITY - ST - ZIP FT. WALTON BEACH FL 32548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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

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)(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:

MICHAEL SMITH, PRESIDENT

4/18/95 (904) 664-6691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR