CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060329 (7)

1. Corporation Name

ENTERPRISE MORTGAGE EXPRESS, INC.

Principal Place of Business
7530 103RD ST. #7
JACKSONVILLE FL 32210

Mailing Address
7530 103RD ST. #7
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994

3a. Date of Last Report:

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: 59-3256478 — 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 activity to be taxable for under S. 199.032 Federal Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, WENDY L
7530 103RD ST. #7
JACKSONVILLE FL 32210

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 Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation shall be as stated in Section 12 below. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRAHAM, WENDY L
STREET ADDRESS	7530 103RD ST. #7
CITY, ST, ZIP	JACKSONVILLE FL 32210
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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report, including any additions and changes, is true and accurate. I further certify that the officers and directors listed on this report or any attachments hereto have consented to serve as officers and directors of this corporation and that the corporation shall comply with the requirements of Section 607.0501, Florida Statutes, and that the corporation intends to commence business operations within a reasonable time.

SIGNATURE: N L Graham — 4/28/95 — 9047797171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0016668 CP