FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064482 (0)

1. Corporation Name

FRANKLIN FINANCIAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
2784 WOODY PLACE JACKSONVILLE FL 32216	2784 WOODY PLACE JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/31/1994
3a. Date of Last Report:

2. Principal Place of Business	4800 BEACH BLVD. #2	2a. Mailing Address	4800 BEACH BLVD. #2
Suite, Apt. #, etc.	~~JACKSO~~	Suite, Apt. #, etc.	
City & State	JACKSONVILLE, FL	City & State	JACKSONVILLE, FL
Zip / Country	32207 / DUVAL	Zip / County	32207 / DUVAL

4. FEI Number: 59-3260956 ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELKER, CHRISTOPHER N
2784 WOODY PLACE
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: C. RANDOLPH COLEMAN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 7077 Bonneval Road, Suite 310
83
84 City: Jacksonville FL 85 Zip Code: 32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: C. Randolph Coleman DATE: 5/11/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☒ Change ☐ Addition
NAME	WELKER, CHRISTOPHER N	1.2 NAME	
STREET ADDRESS	~~2784 WOODY PLACE~~	1.3 STREET ADDRESS	4800 BEACH BLVD., #2
CITY-ST-ZIP	~~JACKSONVILLE FL 32216~~	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D/VP	2.1 TITLE	☐ Change ☒ Addition
NAME	SMITH, LARRY L.	2.2 NAME	
STREET ADDRESS	~~2784 Woody Place~~	2.3 STREET ADDRESS	4800 BEACH BLVD #2
CITY-ST-ZIP	~~Jacksonville, FL 32216~~	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

JPM 4/26

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)(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 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 above, or on an attachment with an address.

SIGNATURE: C. N. Welker CHRISTOPHER N. WELKER 3-27-95 904-398-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017007 CP