

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000064482 (0)  
1. Corporation Name

JACKSON FEDERAL MORTGAGE CORPORATION

FILED  
Sep 03 1998 8:00am  
Secretary of State



Principal Place of Business

4800 BEACH BLVD. #2  
JACKSONVILLE FL 32207  
US

Mailing Address

4800 BEACH BLVD. #2  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4800 BEACH BLVD

26 4800 BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #5

27 #5

City & State

City & State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip

Country

Zip

Country

24 32207

25 DUVAL

29 32207

30 DUVAL

9. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH ESQ  
7077 BONNEVAL ROAD  
SUITE 310  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name CHRISTOPHER N. WELKER

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

4800 BEACH BLVD #5

83

84 City JACKSONVILLE

FL

85 Zip Code

32207

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-26-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	WELKER, CHRISTOPHER N	
STREET ADDRESS	4800 BEACH BLVD., #2 5	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, LARRY L	
STREET ADDRESS	4800 BEACH BLVD., SUITE 2 5	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRISTOPHER N. WELKER	
1.3 STREET ADDRESS	4800 BEACH BLVD #5	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LARRY SMITH	
2.3 STREET ADDRESS	4800 BEACH BLVD #5	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby 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 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.

CR2E034 (5/98)