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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400064482

1. Corporation Name

JACKSON FEDERAL MORTGAGE CORPORATION

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Principal Place	on Ruciness	Mailing Address				0		IIII BIBII BIBBI	(0 18 16 189
4800 BEACH BLVD		4800 BEACH BLVD							
#5	·VU	#5							
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated	or Qualifed			
					08/31/1994				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			 	plied For
21		26		59-3260956				t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Statu	s Desired		\$8.75 A	1	
22		City & State							<u> </u>
City & State		City & State			6. Election Campaig			\$5.00 Added 1	- 1
23	Country	Zip	Country		Trust Fund Contri		not voor Int		io rees
Zip	Country				This corporation of Personal Property		ent year int	Yes	∠ No
24	9. Name and Address of Current		<u> </u>		10. Name and Addre		leaistered		/
	9. Name and Address of Current	r Kegistered Agent	81	Name			- 3	<u> </u>	
WEL	KER, CHRISTOPHER N	•			LARRY L. SM				
4800 BEACH BLVD			82	Street A	ddress (P.O. Box Number is	Not Accepta	ible)		
#5			83	70	SOO PENCH PEV	<u> </u>			
	SONVILLE FL 32207								
			84	City	ACKSONVILLE		FL		Code 7
44	to the provisions of Sections 607.0502	and 607 1509. Elorida Statutos	the above	named /	compration cubmits this state	ment for the	numose of	changing its	registered
11. Pursuant	edistared agent or both in the State of	of Florida. Such change was aut	horized by	the corpo	ration's board of directors.	hereby accep	t the appoi	ntment as re	gistered
office or re	egistered agent, or both, in the otate t		,	me corpo	didn't bound or an out-				
office or re agent. I ar	to the provisions of Sections 607.0002 egistered agent, or both, in the State of familiar with, and accept the obligat	ions of section 607.0505, Florid	la Statutes.		CMITH	-	2 7 - 59	:	
SIGNATURE			-LAR1	fy L	i SM 17H		3-3-79	<u>i</u>	
SIGNATURE	Signature whed of printed havis of registered agen	t and title if applicable. (NOTE: R	- LAR tegistered Agen	fy L	quired when reinstalling)		3-3-15 DATE	<u> </u>	
SIGNATURE	Signature speed of printed name of conservations of FICERS AN	t and title if applicable. (NOTE: R	-LAR1	fy L	i SM 17H		3-3-15 DATE	<u> </u>	
SIGNATURE 12. TITLE	Signature April of printed mand of proceedings of FICERS AND	t and title if applicable. (NOTE: R	— LAR tegistered Agen 13.	fy L	quired when reinstalling)		3-3-15 DATE	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	DPST WELKER, CHRISTOPHER N	t and title if applicable. (NOTE: R	tegistered Agen 13. 1.1 TITLE 12 NAME	RY L	quired when reinstalling)		3-3-15 DATE	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature and of printed parts of guestification of FICERS AND DPST WELKER, CHRISTOPHER N 4800 BEACH BLVD #5	t and title if applicable. (NOTE: R	tegistered Agen 13. 1.1 TITLE 12 NAME 1.3 STREET	RY L t signature re	quired when reinstalling)		3-3-15 DATE	ID DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST WELKER, CHRISTOPHER N 4800 BEACH BLVD #5 JACKSONVILLE FL 32207	t and title if applicable. (NOTE: R	tegistered Agen 13. 1.1 TITLE 12 NAME	RY L t signature re	Quired when reinstating) ADDITIONS/CHAN		3-3-15 DATE	ID DIRECTO	DRS IN 12
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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, until all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR