

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000069536 (8)**

1. Corporation Name

J. E. POWELL MORTGAGE & TRUST, INC.



Principal Place of Business

**SUITE 135, THE HOLIDAY TOWER
2435 U.S. HIGHWAY 19 NORTH
HOLIDAY FL 34691**

Mailing Address

**SUITE 135, THE HOLIDAY TOWER
2435 U.S. HIGHWAY 19 NORTH
HOLIDAY FL 34691**

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3268125

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, JODY E
12835 U.S. HIGHWAY 19
HUDSON FL 34667**

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 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 **Jody E. Powell**

Signature, typed or printed name of registered agent and if not applicable

10011 Registered Agent Signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
	D			
	POWELL, JODY E	12835 U.S. HIGHWAY 19	HUDSON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2435 U.S. Hwy 19 N, Suite 135	Holiday FL 34691	

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)(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:

Jody E. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jody E. Powell

4/29/96

Date

813-943-9011

Daytime Phone #

CR2E034 (12/95)