

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026397 (6)

1. Corporation Name

ORANGE MORTGAGE COMPANY, INC.



Principal Place of Business

419 NO. MAGNOLIA AVENUE
ORLANDO FL 32801

Mailing Address

419 NO. MAGNOLIA AVENUE
ORLANDO FL 32801

3. Date Incorporated or Qualified
03/29/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-3320166

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MARTIN, VICKI
419 NO. MAGNOLIA AVENUE
ORLANDO FL 32801

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 607.1502, 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 the corporation

(Note: Registered Agent signature required when including)

DATE

12. OFFICERS AND DIRECTORS

D
MARTIN, VICKI
419 NO. MAGNOLIA AVENUE
ORLANDO FL 32801

☐ DELETE

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CITY - ST - ZIP

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13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

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32 NAME
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6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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-05/20/96--01036--033
***200.00

SIGNATURE: VICKI MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicki Martin

4/28/96

(407)839-1012