

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90064 044 ***150.00

DOCUMENT # **P95000040997**

1. Corporation Name

BIG BEND MORTGAGE, INC.



Principal Place of Business

2917 LIVINGSTON RD
STE 100
TALLAHASSEE FL 32303
US

Mailing Address

2917 LIVINGSTON RD
100
TALLAHASSEE FL 32303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number

59-3315824

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

LANGSTON, RUTH
817 W KING ST
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name **Ruth A. Langston**

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

817 W. King St.

84 City **Quincy**

FL

85 Zip Code **32351**

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

Wayne B. Langston

1-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LANGSTON, WAYNE B**
CITY-ST-ZIP **817 W KING ST**
QUINCY FL 32351

TITLE ☒ DELETE
NAME **VPST**
STREET ADDRESS **LANGSTON, WAYNE B**
CITY-ST-ZIP **817 W. KING STREET**
QUINCY FL 32351

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **YOUNG, NATHAN H**
CITY-ST-ZIP **174 WHETHERBINE WAY**
TALLAHASSEE FL 32301

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **LANGSTON, RUTH**
CITY-ST-ZIP **817 W KING ST**
QUINCY FL 32351

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **MIMS, DEBRA**
CITY-ST-ZIP **RT 2 BOX 168-F**
MONTICELLO FL 32344

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Wayne B. Langston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

850-562-5626

Date

Daytime Phone #

CR2E034 (11/98)