## 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

## DOCUMENT # P95000040997

BIG BEND MORTGAGE, INC.

Principal Place				<u> </u>	- BIBI (BB)(# 1811B (B)(1 1861 1861
	e of Business	Mailing Address			'
2917 LIVINGSTO	ON RD	2917 LIVINGSTON RD			
STE 100		100		DO NOT MUDITE IN THIS SPACE	
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303			DO NOT WRITE IN THIS SPACE		
US US			3. Date Incorporated or Qualifed		
<u>,</u>				05/24/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3315824	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	itangible
24	25	29	30	Personal Property Tax.	☐ Yes
<u></u>	9. Name and Address of Curre	nt Registered Agent	•	10. Name and Address of New Registered	Agent
**			81 Na Th	4	40.0
Langston, Ruth			82 Street Add	resd (P.O. Box Number is Not Acceptable)	TON
817	w King St		82 Street Add	(W. K. na St	
QUINCY FL 32351		83	<u> </u>		
	*			<u></u>	
			84 City	Mincy FL	2ip Code 3235/
11. Pursuant	to the provisions of Sections 607,05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the nurnose of	f changing its registered
office or a	egis#ered agent, or both, in the State	e of Morida. Such change was au	ithorized by the corporati	ion's board of directors. I hereby accept the appo	ointment as registered
onot to	m folmiliad with and account the follice	atioMc⊷of Section 607.0505 Flor	ida Statutes	• • • • • • • • • • • • • • • • • • • •	i
	im femiliar with, and accept the obligation	ations of, Section 607.0505, Flor	ida Statutes.	ion's board of directors. I hereby accept the appo	99
agent. I a	The age of Come	ations of, Section 607.0505, Flor  Wayne  Interpretation of the life applicable.  (NOTE:	ida Statutes. <u>Langst o</u> - Registered Agent Schature require	7 / 15 ad when reinstating) DATE	5-99
SIGNATURE	Signature, typed or printer name or registerer age	Wayne R ant and title if applicable. (NOTE.	ida Statutes.  Langst 6  Registered Agent signature require  13.	ADDITIONS/CHANGES TO OFFICERS A	5-99
SIGNATURE	Signature, typed or printer name or registerer age	ations of, Section 607.0505, Flor  Wayne  Introduction of applicable. (NOTE.  ND DIRECTORS  DELETE	Langst 6 Registered Agent Schature require	N / 1/5 ed when reinstating) DATE	5-99
SIGNATURE  12.  TITLE	Signature, typed of printed flame of Sister of Signature All	may ne franchiste if applicable. (NOTE.	Registered Agent Signature require	N / 1/5 ed when reinstating) DATE	5-99 ND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Strature, typed of printed frame of scalar gray of Piccers All P LANGSTON, WAYNE B	may ne franchiste if applicable. (NOTE.	Registered Agent synature require  13.  1.1 TITLE  1.2 NAME	N / 1/5 ed when reinstating) DATE	5-99 ND DIRECTORS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI  P LANGSTON, WAYNE B 817 W KING ST QUINCY FL 32351	MAYNE (NOTE) ND DIRECTORS	Registered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	N / 1/5 ed when reinstating) DATE	ND DIRECTORS IN 12 ☐ Change ☐ Addition
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: 1

NAME

STREET ADDRESS

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

05-10-1999 90064 044 \*\*\*150.00