Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90060 041 ***158.75

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 # P95000049123

T. Corporation		EC INC					
NATIONAL MORTGAGE ENTERPRISES, INC.					1 (100/140) (100 100/10		
Principal Place	of Business	Mailing Address			T 19851105: 1/18 /BIB1 BY11/ BB1/1 BB2/1 AB1/1	88(I) 01910 (018%)(810 1;984 IIII ?00	
		9612 SUNBEAM CENTER DR					
96102 SUNBEAM CENTER DR 9612 SUNBEAM CENTER DR JACKSONVILLE FL 32216 JACKSONVILLE FL 32216							
US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/21/1995		
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For		
		26		59-3320664	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional		
		27		3. Controlle of Clares Basiles	Fee Required		
City & State	-	- City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Žip	Country	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax One		
24		29 3	0		Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent	-		10. Name and Address of New Registe	red Agent	
CIII	D MANEE D		8	1 Name	•		
CULP, JAMES D				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
6349 BEACH BOULEVARD							
JACKSONVILLE FL 32216				3		•	
			8	4 City		85 Zip Code	
					•	FL 63 Zip coul	
office or r	anistered agent or both in the State (of Florida. Such change was auti	norizea b	v tne comorai	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	ppointment as registered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statute	s.	-		
SIGNATURE					part when reinstating) DAT		
40	Signature, typed or printed name of registered agent		13.	ent signature requi	ADDITIONS/CHANGES TO OFFICER	_	
12. TITLE	V	□ DELETE	1.1 TITLE		7,007,101,000,000,000,000	Change Addition	
NAME	NANCY C. MILLS		1,2 NAME	1			
	9010 KINGS COLONY			ET ADDRESS			
STREET ADDRESS	JACKSONVILLE FL		1.4 CITY-		.4	2257	
CITY-ST-ZIP TITLE	ST ST	☐ DELETE	2.1 TITLE	31-21	NANCY S. CULP	Change Additi	
	NANCY C. CULP		2.2 NAME		NANCY S. CULP	73	
NAME	3515 BEAUCLERC CIRCLE N.			ET ADDRESS	, , <u>, </u>		
STREET ADDRESS			2.4 CITY				
CITY-ST-ZIP	JACKSONVILLE FL 32257	☐ DELETE	3.1 TITLE			☐ Change ☐ Additi	
TITLE	P MARC D CD	_ DEFE	3.1 THE				
NAME	CULP, JAMES D SR		1	1			
STREET ADDRESS	3515 BEAUCLERC CIRCLE N			ET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32257	☐ DELETE	3.4. CITY			☐ Change ☐ Additi	
TMLE		☐ nere is	4.1 TITLE				
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY			☐ Change ☐ Additi	
TITLE		☐ DELETE	5.1 TITLE			☐ Cliange ☐ Additi	
NAME			5.2 NAMI	ļ		,	
STREET ADDRESS				ET ADDRESS			
CITY ST ZID			5.4 CITY	-ST-ZIP			

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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition