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

PROFIT CORPORATION ANNUAL REPORT

Drivers of Drivers



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000049524 (8)

NORTHCENTRAL MORTGAGE SERVICES CORPORATION

Mailing Address

FILED May 15 1997 8:00am Secretary of State



rancipa mace	OI DUSINGS							•				
605 SW 1ST AV OCALA FL 3447				SW 1ST AVENUE ALA FL 34474-4282								
								3. Date incorporated or Qualified 06/22/1995	3a. Da	te of L 06/19		port
2. Principal Pia	ace of Business		2a.	Mailing Address				4. FEI Number	, , , , ,			lied For
21			26					59-3328150			Not	Applicable
Suite, Apt #	F, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		* - ·	75 A	ditional uired
City & State			28	City & State				Election Campaign Financing Trust Fund Contribution			.00 i	May Be Fees
Zip 24	25	Country	29	Zip	30	untry		This corporation has liability for in Florida Statutes	intangible Yes		der s.	199.032,
	g. Name and	Address of Curr	rent Registe	ered Agent				10. Name and Address of New Re	gistered /	gent		
PUL	SIPHER, JUDY I	L				81	Name					
605 SW 1ST AVENUE OCALA FL 34474-4482						82	Street Add	ress (P.O. Box Number is Not Acceptable)				
					'	83	7100					
					j	84	City		FL	65	Zip C	ode
agent, Lan	n familiar with, an	o accept the ob-	ligations of,	Section 607,0505,	Florida Stat	ioles	> ,	poration submits this statement for the pation's board of directors. I hereby accept				
SIGNATURE	n familiar with, an Signature, typed or poor	ed name of registered	agont and tice if	fappi-cable (f	IOTE: Registers			uired when reinstating)	DATE			
SIGNATURE :	Signature, typed or print		agont and tice if	fapplicable (N	/OTE: Registera	id Age			DATE	DIREC	CTORS	IN 12
SIGNATURE :	Signature, typed or print	od name of registered OFFICERS A	agont and tice if	fappi-cable (f	OTE: Registera 13.	ITLE		uired when reinstating)	DATE		CTORS	IN 12
SIGNATURE :	PD PULSIPHER,	oid name of registered OFFICERS A	agont and tice if	fapplicable (N	OTE: Registers 13. 1.1 TI	II ADO	ont signature requ	uired when reinstating)	DATE	DIREC	CTORS	IN 12
SIGNATURE :	PD PULSIPHER, 6 605 SW 1ST	OFFICERS A JUDY L AVENUE	agont and tice if	fapplicable (N	/OTE: Registera 13. 1.1 TI 1.2 N/ 1.3 SI	id Age ITLE AME TREET	ont signature requi	uired when reinstating)	DATE	DIREC	CTORS	IN 12
SIGNATURE : 12. IFLE NAME STREET ADDRESS CHY-SI-7IP	PD PULSIPHER, U 605 SW 1ST A OCALA FL 34	OFFICERS A JUDY L AVENUE	agont and tice if	fapplicable (N	13. 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	ITLE AME TREET	ont signature requi	uired when reinstating)	DATE	DIREC	CTORS	IN 12
SIGNATURE :	PD PULSIPHER, 605 SW 1ST OCALA FL 34 VD	OFFICERS A JUDY L AVENUE 1474-4482	agont and tice if	f applicable (n TORS DELETE	/OTE: Registera 13. 1.1 TI 1.2 N/ 1.3 SI	ITLE AME TREET HY-S	ont signature requi	uired when reinstating)	DATE	DIREC	CTORS ange	IN 12
SIGNATURE 12. IFILE NAME STREET ADDRESS CITY-SI-7IP FILE	PD PULSIPHER, U 605 SW 1ST A OCALA FL 34	OFFICERS A JUDY L AVENUE 1474-4482	agont and tice if	f applicable (n TORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI	ITLE AME TREET ITY-S ITLE	ont signature requi	uired when reinstating)	DATE	DIREC	CTORS ange	IN 12
SIGNATURE 12. IFILE NAME STREET ADDRESS CITY-SI-7IP FILE NAME	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, \	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and tice if	f applicable (n TORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI	ITLE TREET TY-S TLE TREET	ADDRESS	uired when reinstating)	DATE	DIREC	CTORS ange	IN 12
SIGNATURE 12. IFILE NAME STREET ADDRESS CITY-SI-7IP TILE NAME STREET ADDRESS	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and tice if	f applicable (n TORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI	ITLE AME TREET HY-S ITLE AME TREET	ADDRESS ADDRESS	uired when reinstating)	DATE	DIREC	CTORS ange ange	IN 12 Additio
SIGNATURE 12. IPLE NAME STREET ADDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and tice if	f applicable (F TORS DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI	ITLE TREET TREET TREET TREET TREET TREET	ADDRESS ADDRESS	uired when reinstating)	DATE	DIREC Cha	CTORS ange ange	IN 12 Addition
SIGNATURE 12. IFLE NAME STREET ADDRESS CHY-SI-ZIP TILE NAME SIREET ADDRESS C/IY-SI-ZIP TILE	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and tice if	f applicable (F TORS DELETE	13. 1.1 TI 1.2 M/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.3 SI	ITLE AME TREET THY-S ITLE CITY-S ITLE LITHERT CITY-S ITLE LITHERT LITH	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIREC Cha	CTORS ange ange	IN 12 Additio
SIGNATURE 12. IPLE NAME STREET ADDRESS CHY-SI-7/P TILE NAME SIREET ADDRESS C-1Y-SI-7/P TILE NAME STREET ADDRESS CITY-SI-7/P CITY-SI-7/P	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and tice if	f applicable (f TORS DELETE DELETE	13. 1.1 TI 1.2 M/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4. CI 3.4 CI	ITLE AME TREET TREET TREET TREET TREET TREET TREET	ADDRESS ST-ZIP	uired when reinstating)	DATE	DIREC Cha	CTORS ange	IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME SIPEET ADDRESS CHY-SI-ZIP TITLE NAMI SIREH ADDRESS CHY-SI-ZIP TITLE	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	f applicable (F TORS DELETE	13. 1.1 TI 1.2 M/ 1.3 SI 1.4 CC 2.1 TI 2.2 N/ 2.3 SI 2.4 CC 3.1 TI 3.2 N/ 3.3 SI 3.4 CC 4.1 TI	ITLE TREET THY-S TILE TREET THETH-S TREET TREET TREET TREET TREET TREET TREET TREET	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIREC Cha	CTORS ange	IN 12 Additio
SIGNATURE 12. IPLE NAME STREET ADDRESS CRY-SI-7/P PILE NAME SIPRET ADDRESS CRY-SI-7/P TITLE NAMI SIRELL ADDRESS CITY-SI-7/P TITLE NAMI SIRELL ADDRESS CITY-SI-7/P TITLE NAME	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and tice if	TORS DELETE DELETE	13. 1.1 TI 1.2 M/ 1.3 SI 1.4 CC 2.1 TI 2.2 N/ 2.3 SI 2.4 CC 3.1 TI 3.2 N/ 3.3 SI 3.4 CC 4.1 TI 4.2 N/ 4.2 N	ITLE AME TREET HY-S ITLE AME TREET TREET TREET TREET TREET TREET TREET TREET	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ST-ZIP ADDRESS ST-ZIP	uired when reinstating)	DATE	DIREC Cha	CTORS ange	IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI 4.1 TI 4.2 N/ 4.3 S'	ITLE TREET	ADDRESS ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIREC Cha	CTORS ange	IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMI STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI 4.1 TI 4.2 N/ 4.3 S'	ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	ADDRESS ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIREC Cha	CTORS ange	IN 12 Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME SIREET ADDRESS C-TY-SI-ZIP TITLE NAMI SIREET ADDRESS CITY-SI-ZIP TITLE NAMI SIREET ADDRESS CITY-SI-ZIP TITLE NAMI	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CI 3.1 TI 3.2 NV 3.3 SI 3.4 CI 4.1 TI 4.2 NV 4.3 S' 4.4 CI	ITLE TREET TITY-S TITLE TAME TREET TITY-S TITLE TAME TREET	ADDRESS ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECT Chair	CTORS ange	IN 12 Additio Additio
SIGNATURE 12. TELF NAME STREET ADDRESS CITY-SI-7IP TILE NAME STREET ADDRESS CITY-SI-72P TILE NAMI STREET ADDRESS CITY-SI-72P TITLE NAME STREET ADDRESS CITY-SI-72P TITLE NAME STREET ADDRESS CITY-SI-72P TITLE	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/	ITLE TREET TITY-S TITLE TREET	ADDRESS ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECT Chair	CTORS ange	IN 12 Additio Additio
SIGNATURE 12. TELF NAME STREET ADDRESS CITY-SI-ZIP TILE NAME SIREET ADDRESS CITY-SI-ZIP TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI 4.1 TI 4.2 N/ 4.3 SI 4.4 CI 5.1 TI 5.2 N/ 5.3 SI	ITLE TREET TITY-S TITLE TREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECT Chair	CTORS ange	IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME SIREET ADDRESS	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI 4.1 TI 4.2 N/ 4.3 SI 4.4 CI 5.1 TI 5.2 N/ 5.3 SI	ITLE AME TREET THY-S TILE AME TREET THE TREET TILE TREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECT Chair	CTORS ange	IN 12 Addition Addition Addition Addition Addition Addition
TILE NAME STREET ADDRESS CHY-SI-7IP	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE DELETE DELETE	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI	ITLE AME TREET THY-S ITLE AME TREET THE TREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTOR	CTORS ange	IN 12 Additio Additio Additio
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-SI-7IP TITLE NAME SIREET ADDRESS CHY-SI-7IP TITLE NAMI SIREET ADDRESS CHY-SI-7IP TITLE NAMI SIREET ADDRESS CHY-SI-7IP TITLE NAME SIREET ADDRESS CHY-SI-7IP TITLE	PD PULSIPHER, 605 SW 1ST / OCALA FL 34 VD PULSIPHER, 1 605 SW 1ST /	OFFICERS A JUDY L AVENUE 1474-4482 W L AVENUE AVENUE	agont and file if	TORS DELETE DELETE DELETE DELETE	201E: Registera 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 CI 3.1 TI 3.2 N/ 3.3 SI 3.4 CI 4.1 TI 4.2 N/ 4.3 S' 4.4 CI 5.1 TI 5.2 N/ 5.3 S' 5.4 CI 6.1 TI 6.2 N/ 6.2	ITLE AME TREET THY-S TILE AME TREET THE TREET	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	uired when reinstating)	DATE	DIRECTOR	CTORS ange	

a. To detecting certary that the information supplies with his limit of the base to the same level in the manual report of 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 arguent with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20.97 352.351.32