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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

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appears in Block 12 or Block 13 if

P95000068790 (1)

 Corporation Name PEOPLE'S FINANCIAL MORTGAGE CORP.

Mailing Address Principal Place of Business 1059 BROADWAY, STE. F 1059 BROADWAY, STE. F **DUNEDIN FL 34698 DUNEDIN FL 34698** 3a. Date of Last Report 3. Date Incorporated or Qualified 09/05/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite Ant. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Ζφ 🙎 Yes 🗌 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) KELLY, DAVID 82 1059 BROADWAY, STE. F 83 **DUNEDIN FL 34698** 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE TITLE 1.2 NAME NAME 1,3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST-7IP ☐ Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP Change ☐ Addition DELETE 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 6 1 TITLE THTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 C(TY-ST-2)P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on file annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on file annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the

OFFICER OR DIRECTOR