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

CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077999 (7)

BAXENDELL MORTGAGE COMPANY, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



4781 DOVER STREET N.E. ST. PETERSBURG FL 33703		4781 DOVER STREET N.E. ST. PETERSBURG FL 33703-4125					
					3. Date Incorporated or Qualified 10/09/1995	3a. Date of La	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3339826		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
22		27			9. Certificate of Status Deshed	Fe Fe	e Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution	☐ Add	ded to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for in		er s. 199.032,
24	25 29 30 30 9, Name and Address of Current Registered Agent		30	Florida Statutes Yes Who			
		nt Registered Agent			10. Name and Address of New Reg	istered Agent	
	ENDELL, VALERIE D			81 Name			
	DOVER STREET N.E.		82 Street Ac		dress (P.O. Box Number is Not Acceptable)		
S T. (PETERSBURG FL 33703				<u> </u>		
				83			
				84 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the al	pove-named cor	poration submits this statement for the pu	rpose of changi	ng its registered
office or n	egistered agent, or both, in the State on familiar with, and accept the oblid	e of Florida. Such change was pations of Section 607.0505. F	s authorized Florida Stat	d by the corpora	tion's board of directors. I hereby accept	the appointmen	l as registered
	1/1/100 10111	h 1/11/	iorioa biai	0.00.	4//	9/97	
SIGNATURE	Strature, typed or printed name of registered	jeot and tide it applicable (NC	DIE Registerec	Agent signature requ	red wheri reinstating)	HATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	D	L D€LĒTE 11		LE		☐ Chai	nge 🔲 Addition
NAME	BAXENDELL, VALERIE D			ME			
STREET ADDRESS	4781 DOVER ST. N.E.		13 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33703		1401	TY-ST-7IP			
TITLE	☐ DELETE		21 10	t.E		L. Char	nge [] Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 \$1	REFT ADDRESS			
CITY-ST-ZIP				1Y-S1-ZIP		·	
TITLE	DETETE		3.1 1 IT	LE		☐ Chai	nge 🔲 Addition
NAME			3.2 NA	ME			
STREET ADDRESS			3.3 S1	REE1 ADDRESS			
CITY-ST-ZIP				1Y-SI-ZIP			
TITLE		☐ DELETE	4.1 111	L.E.		Chai	nge 📙 Addition
NAME			4. 2 N/	AME			
STREET ADDRESS			4.3 ST	REFT ADDRESS			
CITY-ST-ZIP				IY-ST-ZIP			
TITLE		☐ DELETE	5.1 Trī	LÉ		L_J Char	nge 📙 Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y - S1 - ZIP			
TITLE		☐ DELETE	6.1 111			L Cha	nge 🔲 Addition
NAME			G.2 NA	ME			
STREET ADDRESS			6.3 S1	REET ADDRESS			
CITY-ST-ZIP			6 4 CI	Y - ST - ZIP			

I do hereby certify that the information supplied with this filling 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.