

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000086650 (5)

1. Corporation Name

SOUTHLAND MORTGAGE FINANCING CORP.

Principal Place of Business

348 MIRACLE STRIP PARKWAY  
SUITE 7  
FT. WALTON BEACH FL 32548

Mailing Address

348 MIRACLE STRIP PARKWAY  
SUITE 7  
FT. WALTON BEACH FL 32548



3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

New Co.

2. Principal Place of Business

2a. Mailing Address

21 348 Miracle Strip PK

26 Same

4. FEI Number

593345307

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 7

27 Same

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State

City & State

23 Ft. Walton Bch FLA

28 FLA.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

Country

Zip

Country

24 32548

25 OKALOOSA

29 Same

30 Same

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No ?

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, SHIRLEY  
348 MIRACLE STRIP PARKWAY  
SUITE 7  
FT. WALTON BEACH FL 32548

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 607.1505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Shirley Parker Shirley Parker

2/21/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President  
NAME W. Darrell LAMAR  
STREET ADDRESS 248 Amberjack DR. # 24  
CITY-ST-ZIP Ft. Walton Bch, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 included 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Darrell LAMAR

904-243-6665

CR2E034 (12/95)