

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90008 044 ***550.00

DOCUMENT # **P95000090733**

1. Corporation Name

HOME LOAN PROCESSING, INC.



Principal Place of Business

**3129 RAMBLER AVENUE
ST. CLOUD FL 34772**

Mailing Address

**3129 RAMBLER AVENUE
ST. CLOUD FL 34772**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1996

4. FEI Number

59-3350169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 **2319 Giselle Ct.**

Suite, Apt. #, etc.

22 City & State

23 **St. Cloud FL**

Zip

24 **34772**

Country

25 **USA**

2a. Mailing Address

26 **2319 Giselle Ct.**

Suite, Apt. #, etc.

27 City & State

28 **St. Cloud FL**

Zip

29 **34772**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CLARK, BONNIE DEE
3129 RAMBLER AVENUE
ST. CLOUD FL 34772**

10. Name and Address of New Registered Agent

81 Name

Clark, Bonnie Dee

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

2319 Giselle Ct.

83

84 City

St Cloud

FL

85 Zip Code

34772

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 **Bonnie Dee Clark (new address only)**

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

(NOTE: Registered Agent signature required when reinstating)

9-9-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **CLARK, BONNIE DEE**
STREET ADDRESS **3129 RAMBLER AVE**
CITY-ST-ZIP **ST CLOUD FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **same** ☒ Change ☐ Addition
1.2 NAME **same**
1.3 STREET ADDRESS **2319 Giselle Ct.**
1.4 CITY-ST-ZIP **St. Cloud FL 34772**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE: **Bonnie Dee Clark**

9-9-99

CR2E034 (5/99)

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