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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092449 (4)**

1. Corporation Name

**KUR-LIN MORTGAGE SERVICES, INC.**



Principal Place of Business

**8306 U.S. HIGHWAY 19  
PORT RICHEY FL 34668**

Mailing Address

**8306 U.S. HIGHWAY 19  
PORT RICHEY FL 34668-4772**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

3. Date Incorporated or Qualified

**12/04/1995**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3347495**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MANGAN, LINDA G  
7911 RADCLIFFE CIRCLE  
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**34668**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MANGAN, LINDA G**  
STREET ADDRESS **7911 RADCLIFFE CIRCLE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **VP** ☐ DELETE

NAME **CHRISTENSEN, KURT A**  
STREET ADDRESS **5214 LEEWARD LANE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34852**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **President** ☒ Change ☐ Addition

1.2 NAME **LINDA G. Mangan**  
1.3 STREET ADDRESS **7933 Radcliffe Circle**  
1.4 CITY-ST-ZIP **Port Richey FL 34668**

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

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**-04/08/97--01012--004**  
**\*\*\*173.75**

14. I do hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in 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, on an attachment with an address.

SIGNATURE

**LINDA G. MANGAN, PRES.**

Date

Daytime Phone #

**0453110**

CR2E034 (9/96)