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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000006973 (7)

1. Corporation Name

ATLANTIC MORTGAGE CO. OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

48572 30 ST-N 325 5th Street So
121 St Petersburg, FL
CLEARWATER FL 34620
US 33701
9453 SUN ISLE DRIVE
ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 325 5th St. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 ST. PETERSBURG, FL

Zip

Country

Zip

Country

24 33701

25 PINELLAS

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROKAW, JENNIFER
9453 SUN ISLE DRIVE
ST. PETERSBURG FL 33702

81 Name

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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE

NAME BROKAW, JENNIFER
STREET ADDRESS 9453 SUN ISLE DRIVE
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE VT ☐ DELETE

NAME BROKAW, JOHN A III
STREET ADDRESS 9453 SUN ISLE DRIVE
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

CR2E034 (10/97)