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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20 1998 8:00am Secretary of State

	MENT # P9600 ETT MORTGAGE COMPANY					H alo Mara Abili Ab	
Principal Place of Business 9000 SOUTHSIDE BLVD. BLDG. 700 JACKSONMILLE FL		Mailing Address 50 N LAURA ST ATTN REGULATORY RELATIONS JACKSONVILLE FL 32202 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
		••			02/12/1996		
	Place of Business	2a. Mailing Address			4. FEI Number	⊢	oplied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3358819		ot Applicable	
22	, w, etc.	27			5. Certificate of Status Desired		Additional equired
City & Sta	1e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zip	Country		8. This corporation owes or has paid the o		
24	25		30		Personal Property Tax due June 30.	Yes [] No
	g. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Registers	d Agent	
	IGLAND, GARY W		61	Name			
	N LAURA ST NIL CODE 099-000-0907		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
_	CKSONVILLE FL 32202		83	 			
U/V	ONCOMPLEE VE DEEDE						
			64	City	F	1 85 Zip (Code
SIGNATURE	Signation is pred or printed manie of migristered ag				poration submits this statement for the purpose tition's board of directors. I hereby accept the a provided trive vice President Olare when reinstaling) ADDITIONS/CHANGES TO OFFICERS A	/22/98	
TITLE	D	DELETE	1.1 TITLE		ADDITIONO/OFIANGES TO OFFICERS A	Change	Addition
NAME	FREEMAN, DOUGLAS K		1.2 NAME	Į			
STREET ADDRESS	50 N LAURA ST		1.3 STAEET	ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32202			T-ZIP			1 1 1 2 2 2 2 2 2
TITLE NAME	D HASTON, HUGH B W	☐ DELETE	2.1 TITLE 2.2 NAME	1		L_ Change	Addition
STREET ADORESS	AAAA AAAMIIAADE DI MA DI DA TAA		2.3 STREET ADDRESS				
CITY-\$1-ZIP	JACKSONVILLE FL 32258	:= ± <i>ਰਾ</i> ਜ	2.4 CiTY-5	1			
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	ROSS, WILLIAM M		32 NAME				
STREET ADDRESS	9000 SOUTHSIDE BLVD BLD	G 700	3.3 STREET	1			
CITY-ST-ZIP	JACKSONVILLE FL 32256	T brierr	3.4. CITY-5	iT-ZIP	<u> </u>	TT 65-00-	Andre:
TITLE	COONAHAN, FRANK	☐ DELETE	4.1 TITLE 4.2 NAME	- 1		Change	Addition
NAME STREET ADDRESS	9000 SOUTHSIDE BLVD BLD	G 700	4. 2 NAME 4.3 STREET	ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL 32256	e e de	4.4 CITY-S	}			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5 3 STREET	address			
CITY-ST-ZIP			54 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		☐ Change	Addition
NAME			6.2 NAME				

14. I hereby certify that the information supplied with this filing doos 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Frank Coonahan, Exec. V.P. 01/22/98 904-987-3935