

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT #96000016294

1. Corporation Name

BITTER & COMPANY, INC.

Trans Continental Mortgage Corp.

Principal Place of Business

Mailing Address

393 WEKIVA COVE ROAD  
LONGWOOD FL 32779

393 WEKIVA COVE ROAD  
LONGWOOD FL 32779

FILED

99 OCT 18 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

59-3375188

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BITTER, KAREN A  
393 WEKIVA COVE ROAD  
LONGWOOD FL 32779

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 DP ☐ DELETE

NAME RITTER, KAREN A  
STREET ADDRESS 393 WEKIVA COVE ROAD  
CITY-STATE-ZIP LONGWOOD FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

400003026174--3

-10/27/99--01091 Change 017 ☐ Addition

\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*Karen A. Ritter*

4/29/99

407 7748700

(2)

# Trans Continental

*Processing Services Division*

151 Sabal Palm Drive

Longwood, FL 32779

Ph: 407-774-8100

Fx: 407-774-8121

October 8, 1999

Dear Dept. of Corporations,

Per our conversations on Oct 1, 1999 and Sept 22, 1999 I have confirmed with our bank that your check that was sent on 4/29/99 from my personal checking account, check number 5902, in the amount of \$150.00 has not been cashed. (this is why it took so long to verify- I do not get those checks back) and they had to search Microfish to validate that it had not been cashed. As per our conversation and your request, I am enclosing a copy of the original filing dated 4/29/99, along with a replacement check. I am sorry this took so long to discover that you did not have your paperwork or money, I have been out of the state due to death in the family. Should you have any questions, please feel free to contact me.

*Loren A. Pitt*