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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000024716 (8)**

1. Corporation Name
ROYAL MORTGAGE LENDING CORPORATION

Principal Place of Business	Mailing Address
4463 HIGHWAY 399 JAY FL 32565	4463 HIGHWAY 399 JAY FL 32565-2661

3. Date Incorporated or Qualified: 03/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 401 E. Chase Street
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Pensacola, FL
Zip: 24 32501 Country: 25 USA

2a. Mailing Address
26 401 E. Chase Street
Suite, Apt. #, etc.
27 Suite 200
City & State
28 Pensacola, FL
Zip: 29 32501 Country: 30 USA

4. FEI Number: 59-3365265 ☐ 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
BATES, GLORIA F
4463 HIGHWAY 399
JAY FL 32565

10. Name and Address of New Registered Agent
81 Name: Bates, Gloria F.
82 Street Address (P.O. Box Number is Not Acceptable): 401 E. Chase St, Suite 200
83
84 City: Pensacola FL 85 Zip Code: 32501

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: Gloria Faye M. Bates Gloria Faye M. Bates President 1/30/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE: Director	☐ Change ☒ Addition
NAME BATES, GLORIA F		1.2 NAME: Dortch B. Bush	
STREET ADDRESS 4463 HIGHWAY 399		1.3 STREET ADDRESS: 4901 Sidney Lane	
CITY-ST-ZIP JAY FL 32565		1.4 CITY-ST-ZIP: Jay, FL 32565	
TITLE D	☐ DELETE	2.1 TITLE: Director	☐ Change ☒ Addition
NAME BATES, BENJAMIN F PH.D.		2.2 NAME: Hollie Singley	
STREET ADDRESS 4463 HIGHWAY 399		2.3 STREET ADDRESS: 4901-B Sidney Lane	
CITY-ST-ZIP JAY FL 32565		2.4 CITY-ST-ZIP: Jay, FL 32565	
TITLE D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME BUSH, HARTSEL A		3.2 NAME	
STREET ADDRESS 4901 SIDNEY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP JAY FL 32565		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Gloria Faye M. Bates Gloria Faye M. Bates 1/30/97 904-470-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #