

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

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90034 027 ***150.00

DOCUMENT # P96000032345

1. Corporation Name

SECURETRUST MORTGAGE CORP.



Principal Place of Business

6316 SAN JUAN AVENUE
15-C
JACKSONVILLE FL 32210
US

Mailing Address

6316 SAN JUAN AVENUE
15-C
JACKSONVILLE FL 32210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

59-3358363

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

2. Principal Place of Business

21 752 Blanding Blvd.

Suite, Apt. #, etc.

22 128

City & State

23 Orange Park, FL

Zip Country

24 32065

25 US

2a. Mailing Address

26 752 Blanding Blvd.

Suite, Apt. #, etc.

27 128

City & State

28 Orange Park, FL

Zip Country

29 32065

30 US

9. Name and Address of Current Registered Agent

CLIFTON, JOSPEH M
2617 SANDY HOLLOW DRIVE
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name
Clifton, Joseph M.

82 Street Address (P.O. Box Number is Not Acceptable)
977 Cobblestone Drive

83

84 City
Orange Park, FL

85 Zip Code
32065

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 *Joseph M. Clifton* Joseph M. Clifton

March 25, 1999

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 ☐ DELETE

NAME
P
CLIFTON, JOSEPH M.
STREET ADDRESS
2617 SANDY HOLLOW DR
CITY-ST-ZIP
MIDDLEBURG FL

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

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

977 Cobblestone Drive
Orange Park, FL 32065

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, with all other like empowered.

SIGNATURE: *Joseph M. Clifton* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 904-213-0400

Date

Daytime Phone #

CR2E034 (11/98)