

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90237 037 ***150.00

DOCUMENT # P96000054745

1. Corporation Name

FREEDOM MORTGAGE SERVICES INC.

Principal Place of Business

1915 TYRONE BLVD.
ST. PETERSBURG FL 33710

Mailing Address

1915 TYRONE BLVD.
ST. PETERSBURG FL 33710

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

59-3386662

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 2901 58th Avenue N.

Suite, Apt. #, etc.

2a. Mailing Address

26 2901 58th Avenue N.

Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL.

Zip

24 33714 25 USA

City & State

28 St. Petersburg, FL.

Zip

29 33714 30 USA

9. Name and Address of Current Registered Agent

DONOVAN, KELLEY
515 APPIAN WAY NE
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME KELLEY, DONOVAN
STREET ADDRESS 515 APPIAN WAY NE
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE VP ☐ DELETE

NAME RICHARD CORSI
STREET ADDRESS 2791 58TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL 33710

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 Vice President ☐ Change ☒ Addition

1.2 NAME Michelle Goodale
1.3 STREET ADDRESS 714 45th Avenue NE
1.4 CITY-ST-ZIP St. Petersburg, FL 33703

2.1 TITLE Diana Furman ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS 7050 Sunset Drive #401
2.4 CITY-ST-ZIP St. Petersburg, FL 33707

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Kelley Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelley Donovan

1/21/99

Date

(727) 520-1700

Daytime Phone #

CR2E034 (11/98)