

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

**FILED**

**Feb 14 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000065718 (4)**

1. Corporation Name  
**FOXPOINT MORTGAGE, INC.**



Principal Place of Business  
**801 MARTIN DOWNS BLVD. STE 201  
PALM CITY FL 34990**

Mailing Address  
**801 MARTIN DOWNS BLVD. STE 201  
PALM CITY FL 34990-2860**

3. Date Incorporated or Qualified  
**08/05/1996**

3a. Date of Last Report

4. FEI Number  
**65-0686208**

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

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

9. Name and Address of Current Registered Agent  
**GADDIS, HERBERT C  
901 MARTIN DOWNS BLVD. STE 201  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GADDIS, HERBERT C**

STREET ADDRESS **901 MARTIN DOWNS BLVD. STE 201**

CITY-ST-ZIP **PALM CITY FL 34990**

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 **DIRECTOR/PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **HERBERT C. GADDIS**

1.3 STREET ADDRESS **901 MARTIN DOWNS BLVD STE 201**

1.4 CITY-ST-ZIP **PALM CITY FL 34990**

2.1 TITLE **DIRECTOR/VICE PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **DONALD A. PARKER**

2.3 STREET ADDRESS **901 MARTIN DOWNS BLVD STE 201**

2.4 CITY-ST-ZIP **PALM CITY, FL 34990**

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 do 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: **HERBERT C GADDIS PRESIDENT 1/8/97**  
561-286-1252

CR2E034 (9/96)