

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90039 031 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000065718

1. Corporation Name

FOXPOINT MORTGAGE, INC.



Principal Place of Business

789 S. FEDERAL HWY  
SUITE 310  
STUART FL 34994  
US

Mailing Address

789 S. FEDERAL HWY  
SUITE 310  
STUART FL 34994  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0686208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 5581 S. Federal Hwy  
Suite, Apt. #, etc.

2a. Mailing Address

26 5581 S. Federal Hwy  
Suite, Apt. #, etc.

City & State

23 Stuart FL

Zip Country

24 34997 25 USA

City & State

28 Stuart, FL

Zip Country

29 34997 30 USA

9. Name and Address of Current Registered Agent

GADDIS, HERBERT C  
789 S. FEDERAL HWY  
SUITE 310  
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name DONALD A ACKER  
82 Street Address (P.O. Box Number is Not Acceptable)  
5581 S. FEDERAL HWY  
83  
84 City Stuart FL 85 Zip Code 34997

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)

4/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
CEOD  
GADDIS, HERBERT C  
789 S. FEDERAL HWY, SUITE 310  
STUART FL 34994

☒ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PD  
ACKER, DONALD A  
789 S. FEDERAL HWY, SUITE 310  
STUART FL 34994

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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STREET ADDRESS  
CITY-STATE-ZIP

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TITLE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ 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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 561-286-1252

CR2E034 (1/98)