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

DOCUMENT # P96000079027

Country

25

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

21

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Zip

PREMIER MORTGAGE BANKERS, INC.

Principal Place of Business	Mailing Address
725 RANCH ROAD	725 RANCH ROAD
TARPON SPRINGS FL 34689	TARPON SPRINGS FL 34689

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29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90076 030 ***150.00



	DO NOT WRITE IN THIS SPACE						
3.	Date Incorporated or Qualifed						
	09/23/1996						
4.	FEI Number	Applied For					
	59-3518778	Not Applicable					
5.	Certifcate of Status Desired	\$8.75 Additional Fee Required					
6.	Election Campaign Financing	\$5.00 May.Be					
	Trust Fund Contribution	Added to Fees					
8.	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No					

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARNES, DOUGLAS W	81 Name
725 RANCH ROAD TARPON SPRINGS FL 34689	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code
Continue Con OFOR and COT 1509 Florida Statut	ton, the above named corporation submits this statement for the nurnose of changing its registered

Country

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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, the philostops of Serting 607 0606 Florida Statutes.

agent. rai	ii lamiliai with, and accept the obligations t	31, Section 001.0303, 1 iona	a Cibibico.		
SIGNATURE	Signature, typed or printed name of registered agent and tit	le if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating) DATE	 }
12.	OFFICERS AND DIF		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME }	CARNES, DOUGLAS W		1.2 NAME		ļ
STREET ADDRESS	725 RANCH ROAD		1.3 STREET ADDRESS	·	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		1,4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME	CARNES, BRADLEY P		2.2 NAME		ľ
STREET ADDRESS	2146 TARPON LANDINGS		2.3 STREET ADDRESS	,	
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3,1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			.3.3 STREET ADDRESS	استه ک رچه د کیدنو پوکستان دیکه روستان سند نشته مه به و مختص باست	
CITY-ST-ZIP			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		

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

SIGNATURE:

IG OFFICER OR DIRECTOR