**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082965 1. Corporation Name HLP MORTGAGE CO.

Principal Place of Business

2206 REPUBLIC DRIVE

PALM HARBOR FL 34683

Mailing Address

P O 80X 15005 10-114 -

CLEARWATER FL 33766

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90109 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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2. Principal Pl	lace of Business	2a. Mailing	Address	سے م		El Number			plied For
コスこの	6 Republic DRI	UE 26 PO	Box 150	202	5	9-3404827			t Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.		5. C	ertifcate of Status Desire	ed 🗆	\$8.75 / Fee Re	
City & 9tate		City & S	RWATER,	FL		ection Campaign Financust Fund Contribution	cing _	\$5.00 Added	,
Zip 346	83 25 PINELLA	5 29 33°	766 30	PINellA	8. Ti	nis corporation owes the ersonal Property Tax.	current year	Intangible  Yes	□No
	9. Name and Address of Cu	rrent Registered Ag	ent		10. N	ame and Address of N	ew Register	ed Agent	
2206 <del>- 10-1</del>				81 Name 82 Street	Address (P.O	. Box Number is Not Ac	ceptable)		
PALI	M HARBOR FL 34683			84 City			E	85 Zip	Code
11. Pursuant office or reasont La	registered agent, or both, in the Si im familiar with, and accept the ob	digations of Section	607.0505. Florida S	Statutes.		· - · · · · · ·			
office or reagent. I a	registered agent, or both, in the Sim familiar with, and accept the ob-	Sections of, Section	607.0505, Florida S	Statutes.	required when reins	stating)	3-31	-99	
office or reagent. I a	m familiar with, and accept the of	d agent and the if applicable.	(NOTE: Regist	Statutes. tered Agent signature r	required when reins		3-31	-99 AND DIRECTO	DRS IN 12
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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 frustee 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

Change

☐ Addition

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