

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000087177 (7)

1. Corporation Name  
GIBRALTAR MORTGAGE COMPANY



Principal Place of Business  
4190 BELFORT ROAD  
SUITE 475  
JACKSONVILLE FL 32216

Mailing Address  
4190 BELFORT ROAD  
SUITE 475  
JACKSONVILLE FL 32216-1458

3. Date Incorporated or Qualified 10/17/1996	3a. Date of Last Report N/A
4. FEI Number 59-3415103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

STEFFEY, FRED H  
6620 SOUTHPOINT DRIVE SOUTH  
#300  
JACKSONVILLE FL 32216-0913

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	C/AS/ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, E B	1.2 NAME	Bower, E.B.
STREET ADDRESS	4190 BELFORT ROAD SUITE 475	1.3 STREET ADDRESS	4190 Belfort Rd. Suite 475
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	Jacksonville, FL. 32216
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRIFF, W A III	2.2 NAME	McGriff, W.A. III
STREET ADDRESS	4190 BELFORT ROAD SUITE 475	2.3 STREET ADDRESS	4190 Belfort Rd. Suite 475
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	Jacksonville, FL. 32216
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETWAY, THOMAS F IIAS	3.2 NAME	Petway, Thomas F. III
STREET ADDRESS	4190 BELFORT ROAD SUITE 475	3.3 STREET ADDRESS	4190 Belfort Rd. Suite 475
CITY-ST-ZIP	JACKSONVILLE 41 32216	3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRE, LINDA H IIAS	4.2 NAME	Shennen, Linda H.
STREET ADDRESS	4190 BELFORT ROAD SUITE 475	4.3 STREET ADDRESS	4190 Belfort Rd. Suite 475
CITY-ST-ZIP	JACKSONVILLE 41 32216	4.4 CITY-ST-ZIP	Jacksonville, FL. 32216
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<del>Shennen, Linda</del>
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE:

*E. Bruce Bower*  
E. Bruce Bower  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97  
Date

904-296-6400  
Daytime Phone #

CR2E034 (9/96)