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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000099162 (5)

1. Corporation Name

REHABBERS MORTGAGE COMPANY, INC.

Principal Place of Business

Mailing Address

11510 HUNTER PL
TAMPA FL 33617-2401

11510 HUNTER PL
TAMPA FL 33617-2401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 6610 E. FOWLER AVE

Suite, Apt. #, etc.

22 SUITE G

City & State

23 TAMPA FL

24 Zip 33617

Country USA

2a. Mailing Address

26 6610 E. FOWLER AVE

Suite, Apt. #, etc.

27 SUITE G

City & State

28 TAMPA FL

29 Zip 33617

Country USA

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-3415076

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FARR, JOSEPH W
11510 HUNTER PL
TAMPA FL 33617-2401

10. Name and Address of New Registered Agent

81 Name

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

6610 E. FOWLER AVE

83

SUITE G

84 City

TAMPA

FL

85 Zip Code

33617

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FARR, JOSEPH W
STREET ADDRESS 11510 HUNTER PL
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ DELETE

NAME FARR, HELEN C
STREET ADDRESS 11510 HUNTER PL
CITY-ST-ZIP TAMPA FL

TITLE VP ☒ DELETE

NAME JACKSON, DEBRA F
STREET ADDRESS 17714 SHANNON OAKS CT
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME FARR, DONALD E
STREET ADDRESS 11510 HUNTER PL
CITY-ST-ZIP TAMPA FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 [Signature] NO E. FARR, DONALD E. FARR, 11510 HUNTER PL TAMPA FL 33617-2401

CR2E034 (10/97)