FILE NOW: FILING FEE AFTER MAY 1ST IS $5.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor
Secretary of St
DIVISION OF CORPO ONS

DOCUMENT # P97000016842 (1)

1. Corporation Name
INTEGRITY MORTGAGE GROUP, INC.

Principal Place of Business	Mailing Address
8809 VAMO ROAD SARASOTA FL 34231	8809 VAMO ROAD SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4370 S. Tamiami Trail
22 Suite, Apt. #, etc. 103
23 City & State Sarasota FL.
24 Zip 34231 25 Country USA

2a. Mailing Address
26 4370 S. Tamia TR.
27 Suite, Apt. #, etc. 103
28 City & State Sarasota FL.
29 Zip 34231 30 Country USA

3. Date Incorporated or Qualified
02/19/1997

4. FEI Number
65-0733087
☐ 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
SIMON, DAVID S ESQ.
523 SOUTH WASHINGTON BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent
31 Name JASON B THURBER
32 Street Address (P.O. Box Number is Not Acceptable) 4370 S. TAMIAMI TRAIL #103
33
34 City SARASOTA FL 35 Zip Code 34231

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] 1/21/98
Signature of registered agent required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Req

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	THURBER, JASON B	
STREET ADDRESS	8809 VAMO ROAD	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	ET ADDRESS	☐ Change ☐ Addition
	- ST - ZIP	
		☐ Change ☐ Addition
	EET ADDRESS	
	Y - ST - ZIP	
		☐ Change ☐ Addition
	EET ADDRESS	
	Y - ST - ZIP	
		☐ Change ☐ Addition
	EET ADDRESS	
	Y - ST - ZIP	
		☐ Change ☐ Addition
	EET ADDRESS	
	Y - ST - ZIP	
		☐ Change ☐ Addition
	EET ADDRESS	
	Y - ST - ZIP	

CR2E034 (10/97)

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] RE D 1/21/98 941-925-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR OR Date Daytime Phone # 0450696