

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90033 004 ***150.00

DOCUMENT # P97000026175

1. Corporation Name

A & A MORTGAGE, INC.

Principal Place of Business

1311 EXECUTIVE CENTER DRIVE
SUITE 206
TALLAHASSEE FL 32301

Mailing Address

1311 EXECUTIVE CENTER DRIVE
SUITE 206
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3434686

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3301 Thomasville Road

Suite, Apt. #, etc.

22 Suite 300

City & State

23 TALLAHASSEE FL

Zip

24 32312

Country

25 USA

2a. Mailing Address

26 3301 Thomasville Rd.

Suite, Apt. #, etc.

27 300

City & State

28 TALLAHASSEE FL

Zip

29 32312

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIS, STEPHEN C P.A.
2818-A KIKIERANE DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE

NAME KENT, SANDRA LEE
STREET ADDRESS 1311 EXECUTIVE CENTER DRIVE, SUITE 206
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ DELETE

NAME KENT, DONALD CHRIS
STREET ADDRESS 1311 EXECUTIVE CENTER DRIVE, SUITE 206
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ DELETE

NAME BOYLE, KENNETH P
STREET ADDRESS 521 EAST MOREHEAD STREET, SUITE 530
CITY-ST-ZIP CHARLOTTE NC 28202

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99

Date

850-383 9999

Daytime Phone #

CR2E034 (11/98)