FEOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

12.

TITLE

NAME

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24



FLORIDA DEPARTMENT OF STATE,

## Katherine Harris

6.4 CITY-ST-ZIP

DOCUMENT # P97000036188

## PREMIUM HOME FUNDING MORTGAGE CORP.

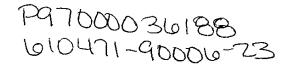
Mailing Address Principal Place of Business 18860 U.S. 19 NORTH 18860 U.S. 19 NORTH SUITE 100 SUITE 100 CLEARWATER FL 33764 CLEARWATER FL 33764 2a. Mailing Address 2. Principal Place of Business

## FILED Aug 30, 1999 8:00 am = Secretary of State

ANNUAL REPORT  1999  Secretary of State  DIVISION OF CORPORATIONS					08-30-199	99 90006 023 ***150.00
OCUN orporation	MENT # P97000	0036188			61047	1 annine to the
PREMIUM HOME FUNDING MORTGAGE CORP.					610471~ 90006 - 23	
cipal Place of Business Mailing Address					THE STATE OF	Titt natti naina tilik kilot tinal talat laut saet
0 U.S. 19 NORTH 18860 U.S. 19 NORTH						
TE 100 SUITE 100 ARWATER FL 33764 CLEARWATER FL 33764				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
rrincipal Place of Business 2a. Mailing Address					04/21/1997 4. FEI Number	Applied For
micipai mi	ace of business	26		59-3438609	Not Applicable	
uite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
		27			<del>                                     </del>	Fee Required
ity & State	'	<u> </u>	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
ip Country			Zip Country		8. This corporation owes the curre	
	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Currer	t Registered Agent		Ad None	10. Name and Address of New R	egistered Agent
SCOTT, DOYLE W				81 Name		
	1 81ST AVE N		82 Street Add		ess (P.O. Box Number is Not Accepta	ble)
PINELLAS PARK FL 33781				83		
				84 City		85 Zip Code
	,			1 1		<b>FL</b>
Pursuant office or reagent. I a	to the provisions of sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 607.1508, Florida Statu of Florida. Such change was ations of, section 607.0505, F	ites, the ab authorize lorida Sta	ove-named corpo d by the corporati tutes.	ration submits this statement for the pu on's board of directors. I hereby accep	rpose of changing its registered of the appointment as registered
NATURE _			vote. È	ered Agent signature requ	ulti-d when religional	DATE
	Signature, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13.	sed Agent signature requ	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
<u> </u>	VP	DELETE	1.1 TI	TLE		Change Addition
j	SCOTT, SYLVIA J		1.2 N	AME.		}
ET ADDRESS	5300 20TH STREET N.			1.3 STREET ADDRESS		
T-ZIP	ST. PETERSBURG FL 33714			1.4 CITY-ST-ZIP  2.1 TITLE		
1	P SCOTT, DOYLE	DELETE	2.1 II	}		☐ citalide ☐ vacinou
ET ADDRESS	4301 81ST AVENUE NORTH		1	REET ADDRESS		ł
ST-ZIP	PINELLAS PARK FL 33781			2.4 CITY-ST-ZIP		
		DELETÉ	3.1 TI	TLE	<del></del>	Change Addition
į			3.2 N	ļ		
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ST-ZIP		DELETE	3.4 C	TI F		Change Addition
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st-zip			4.4 C	4.4 CITY-ST-ZIP		
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ST-ZIP		DELETE	6.1 T			Change Addition
: 1		- >	6.2 N	ſ		- <del></del>
ET ADDRESS			6.3 S	TREET ADDRESS		

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; so on an attachment with an address.

2011-11-12-120 94



PREMIUM HOME FUNDING 18860 US 19 NORTH, SUITE 100 CLEARWATER, FL 33764

PHONE 727-507-9525 FAX 727-530-3655

TO DIVISION OF CORPORATION:

I AM SENDING IN THE ANNUAL CORPORATION REPORT WITH A CHECK

I DON'T FEEL LIKE I SHOULD PAY AN EXTRA \$400.00 DOLLARS. I MADE A CHANGE

NOT TO LONG AGO AND THEY ALREADY HAVE ALL THE INFORMATION THEY NEED.

THIS FEE SHOULD BE WAVED. THE PENALTY IS UNRECOGNIZABLE BY ANY MEANS.

I NEVER RECEIVED A CERTIFIED LETTER FOR THIS CHANGE. THIS FEE IS OUTRAGEOUS.

SINCERELY,

DOYLE SCOTT

7-20-99