

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

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90125 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**1999 2000**

DOCUMENT # **P97000057083**

APSTONE MORTGAGE SERVICES, INC.

Principal Place of Business

HIGHWAY 98 EAST  
F  
FL 32541

Mailing Address

POST OFFICE BOX 5797  
DESTIN FL 32540



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

25

2a. Mailing Address

26 **PO BOX 5795**

Suite, Apt. #, etc.

27

City & State

28 **Destin FL**

Zip

29 **32540**

Country

30

3. Date Incorporated or Qualified

**06/27/1997**

4. FEI Number

**59-3455867**

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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**WALLACE, W. WADE P.A.**  
**10221 WEST EMERALD COAST PARKWAY**  
**DESTIN FL 32541**

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P ☐ DELETE  
**RUYAN, GEORGE N**  
**911 ALOMA FAYE LANE**  
**FT. WALTON BEACH FL 32547**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VST ☐ DELETE  
**RUYAN, MARGARET A**  
**911 ALOMA FAYE LANE**  
**FT. WALTON BEACH FL 32547**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V ☐ DELETE  
**LANTHORN, CLIFFORD W**  
**4968 CASCADE DRIVE**  
**POWELL OH 43065**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

**Margaret A Ruyan**  
**4-25-2000**  
**850 654 1233**

CR2E034 (5/99)