

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90015 026 ***150.00

0021004

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000076514

1. Corporation Name

SUWANNEE VALLEY MORTGAGE SERVICES, INC.

Principal Place of Business

1149 E BAY AVENUE
LAKE CITY FL 32055

Mailing Address

1149 E BAY AVENUE
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>10 Candy Lane</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>P.O. Box 17</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <u>09/02/1997</u>	
23 <u>Mayo, FL</u> City & State		27 <u>Mayo, FL</u> City & State		4. FEI Number <u>59-3464415</u>	
24 <u>32066</u> Zip		25 <u>Lafayette</u> Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28 <u>Mayo, FL</u> City & State		29 <u>32066</u> Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30 <u>Lafayette</u> Country		31 <u>Mayo</u> City		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COLEMAN, RICHARD E
SE CIRCLE EAST-#10
MAYO FL 32066

10. Name and Address of New Registered Agent

81 Name	<u>Coleman, Richard E</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>Rt 2 Box 95</u>
83	
84 City	<u>MAYO</u>
85 Zip Code	<u>FL 32066</u>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, RICHARD E	1.2 NAME	<u>Coleman, Richard E</u>
STREET ADDRESS	SE CIRCLE DR EAST #6	1.3 STREET ADDRESS	<u>Rt 2 Box 95</u>
CITY-ST-ZIP	MAYO FL 32066	1.4 CITY-ST-ZIP	<u>Mayo FL 32066</u>
TITLE	V/S <input type="checkbox"/> DELETE	2.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MARCY E	2.2 NAME	<u>Coleman, Marcy E</u>
STREET ADDRESS	SE CIRCLE DR EAST #6	2.3 STREET ADDRESS	<u>Rt 2 Box 95</u>
CITY-ST-ZIP	MAYO FL 32066	2.4 CITY-ST-ZIP	<u>Mayo FL 32066</u>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-99

Date

904 294-8253

Daytime Phone #

CR2E034 (11/98)