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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104130 (4)

FLORIDA MORTGAGE COMPANY OF TAMPA BAY, INC.

Mailing Address

FILED

Jun 17 1998 8:00am

Secretary of State

Principal Place of Business 2706 ALT 19 NORTH 2706 ALT 19 NORTH SLITE 307 SUITE 307 DO NOT WRITE IN THIS SPACE PALM HARBOR FL 34683 PALM HARBOR FL 34683 3. Date Incorporated or Qualified 12/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 485688 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 ☐ No 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRIMM. CHARLES E 76 GUILFWINDS DRIVE W. Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 R3 84 City 85 Zip Code 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent agent. I am familiar with, 4-28-98 SIGNATURE Signature, typ e of registerist agent aust litte if applicable (NOTE: Registered Agor-Laignature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE THILE 1.1 THLE Change PRIMM, CHARLES E 1.2 NAME NAME STREET ADDRESS 76 GULFWINDS DRIVE W 1.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CitY-ST-ZiP DELETE Change Addition TITLE 2.1 TiTLE PRIMM, JUDITH L NAME 2.2 NAME 76 GULFWINDS DRIVE W STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE Addition 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change DELETE Addition 61 TITLE TITLE 20000025643**2** -06/18/98-01060-007 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS *米米150.00 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 suppliemental 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 of true legislating in powered 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.

4.20.00