


**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90004 032 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000031424**

1. Corporation Name

**ACCREDITED MORTGAGE SERVICES OF OCALA, INC.**

Principal Place of Business  
 3501 NE 10TH STREET, STE. 102  
 OCALA FL 34470

Mailing Address  
 3501 NE 10TH STREET, STE. 102  
 OCALA FL 34470



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1998

4. FEI Number

59-3517507

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

9. Name and Address of Current Registered Agent

COCHRANE, JAMES M  
 8710 SE 17 CT. SUITE 201  
 OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name JAMES M COCHRANE  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 3501 NE 10TH ST  
 83 SUITE 201  
 84 City OCALA FL 85 Zip Code 34470

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

*James M Cochrane*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
 NAME COCHRANE, JAMES M  
 STREET ADDRESS 3501 NE 10TH STREET, STE. 102  
 CITY-ST-ZIP OCALA FL 34470

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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:

*James M Cochrane*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-99

Date

352-867-8566

Daytime Phone #

CR2E034 (1/1/98)