

SECOND 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
1999



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

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90002 028 ***550.00

DOCUMENT # **P98000034873**

Corporation Name

KINDER MORTGAGE, INC.

5 585660 - 90002 - 28



Principal Place of Business
**5032 GREEN VALLEY BLVD.
CLERMONT FL 34711**

Mailing Address
**15032 GREEN VALLEY BLVD.
CLERMONT FL 34711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

59-3505140

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ A

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ A

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒ Yes

☐ No

Principal Place of Business

632 W. MONTMOREST

Suite, Apt., etc.

N/A

2a. Mailing Address

P.O. BOX 121337

Suite, Apt., etc.

N/A

City & State

CLERMONT FL

Zip

FL 34711

Country

LAKE

City & State

CLERMONT FL

Zip

34712

Country

LAKE

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.

**1525 SOUTH ANDREWS AVE. STE. 216
FORT LAUDERDALE FL 33316**

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

1. 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

COFFEEY C. KINDER

7/7/99

2. OFFICERS AND DIRECTORS

TITLE **PRESIDENT/CEO** ☐ DELETE
NAME **COFFEEY C. KINDER**
STREET ADDRESS **15032 GREEN VALLEY BL**
CITY-STATE-ZIP **CLERMONT FL 34711**

TITLE **VP/SECRETARY** ☐ DELETE
NAME **MILHA E. KINDER**
STREET ADDRESS **15032 GREEN VALLEY BL**
CITY-STATE-ZIP **CLERMONT FL 34711**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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.

SIGNATURE:

SIGNATURE REQUIRED

COFFEEY C. KINDER

7/7/99

(57) 242-1444

CR2E034 (5/99)