

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000064066

1. Corporation Name

EMERALD COAST MORTGAGE & ASSOCIATES, INC.

Principal Place of Business

1298-B S. FERDON BLVD.
CRESTVIEW FL 32536

Mailing Address

1298-B S. FERDON BLVD.
CRESTVIEW FL 32536

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90114 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

59-3521637

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 Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1298-B SOUTH FERDON BLVD.

26 1298-B SOUTH FERDON BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 CRESTVIEW, FL

City & State

28 CRESTVIEW, FL

Zip

24 32536

Country

25 USA

Zip

29 32536

Country

30 USA

9. Name and Address of Current Registered Agent

HAGGARD, JENNIFER A
304 ISLAND DR.
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name

HAGGARD, JENNIFER A.

82 Street Address (P.O. Box Number is Not Acceptable)

304 ISLAND DR.

83

84 City

CRESTVIEW

FL

85 Zip Code

32536

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

TITLE ~~PRESIDENT~~ ☐ DELETE

NAME JENNIFER A. HAGGARD

STREET ADDRESS 304 ISLAND DR.

CITY-ST-ZIP CRESTVIEW, FL 32536

TITLE ~~VICE-PRESIDENT~~ ☐ DELETE

NAME JOHN V. HAGGARD

STREET ADDRESS 304 ISLAND DR.

CITY-ST-ZIP CRESTVIEW, FL 32536

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME JENNIFER A. HAGGARD

1.3 STREET ADDRESS 304 ISLAND DR.

1.4 CITY-ST-ZIP CRESTVIEW, FL 32536

2.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition

2.2 NAME JOHN V. HAGGARD

2.3 STREET ADDRESS 304 ISLAND DR.

2.4 CITY-ST-ZIP CRESTVIEW, FL 32536

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:

John V. Haggard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(850) 683-9114

Daytime Phone #

CR2E034 (11/98)