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

2. Principal Place of Business

Mailing Address

1298-B S. FERDON BLVD. CRESTVIEW FL 32536

1298-B S. FERDON BLVD. CRESTVIEW FL 32536

2a. Mailing Address

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

05-05-1999 90114 040 ***150.00



Applied For

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

07/15/1998

4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc. 27	1298	- R SOUTH FERDON BUIL	126 1298-B Sout	H FERE	ON BLVE	59-3521637	No.	ot Applicable	
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$8.75	Additional	
City & State 20	22		27			5. Certificate of Status Desired	Fee Re	equired	
County C	City & State	3 ,				6. Election Campaign Financing	\$5.00	May Be	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name HAGGARD, JENNIFER A 30. SAUAD DR. CRESTVIEW R. 32536 34. City CRESTVIEW R. 32536 35. Street Address (P.O. Box Number) is Not Acceptable) 17. 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 Profess Such Agents of Profess Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent and registered agent agents and state agents are stated and state and office or registered agent agents are stated and state agents are stated and state agents. In the appointment as registered agent agents are stated of directors. Interest accept the oppointment as registered agent agents are stated of directors. Interest agents agents are stated and state agents are stated and state agents. In the purpose of changing its registered agent agents are stated and state agents. In the purpose agent agents are stated of directors. Interest agents agents are stated and agents agents are stated and agents. In the purpose agent agents are stated and agents agents agents are stated and agents. In the purpose agent agents are stated and agents a	3 CRES	RESTUIEW, FL 28 CRESTVIEW, FL				Trust Fund Contribution	Added	to Fees	
9. Name and Address of Current Registered Agent HAGGARD, JENNIFER A 304 ISLAND DR. CRESTVIEW FL 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 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, and infinitial with, and accept the obligations of, Section 07.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent signature, typed or printed name of registered agent signature required when rehitating) DATE OFFICERS AND DIRECTORS 13. RECEIVED NT DATE ACCEPT NOT DELETE STATE OFFICERS AND DIRECTORS IN 12 NUMBER ACCEPT NOT DELETE STATE NOT DE	∠ip	zip Country Zip Cour			,	8. This corporation owes the current y	ear Intangible		
HAGGARD, JENNIFER A 304 ISLAND DR. CRESTVIEW FL 32536 12 Street Address (P.O. Box Number is Not Acceptable) 13	3253	34 [25] U.S.A.	29 32536	30 U	5H	Personal Property Tax.	Yes	□No `	
HAGGARD, JENNIFER A 304 ISLAND DR CRESTVIEW FL 32536 18	9. Name and Address of Current Registered Agent					10. Name and Address of New Regi	stered Agent		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe									
SURANU UR: CRESTIVEW FL 32536 4 City CELTILLE TO FL 85 Zip Code of C	·								
11. Pursuant to the provisions of Sections 807.0502 and 607.1509. 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, am itemities with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	304 ISLANU UK.								
11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-mand corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-mand corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes agent, or both, in the State of Florida. Statutes agent, or both, in the State of Florida. Statutes agent agent, or both, in the State of Florida. Statutes. SIGNATURE 12.	CRESTVIEW FL 32536				3				
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Activist-zip				1.3 STRE	ET ADORESS	304 ISCAND DR.			
NAME		CRECTUEN EL S	2536	1.4 CITY-	ST-ZIP	CRESTULEW, FL 3253	24		
NAME	TITLE			2.1 TITLE		VICE - PRESIDENT	Change	☐ Addition	
23 STREET ADDRESS 24 CTTY-ST-ZIP	NAME	DE THE CHED		2.2 NAME	:	JOHN V. HAGGARD			
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DELETE DELETE 3.1 TITLE Change Addition		CREATER	? 5 31_	2 4 CITY	.ST-ZIP	CRESTULEW, FL 325	36		
NAME	TITLE		☐ DELETE				☐ Change	☐ Addition	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP						•		İ	
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	CITY-ST-ZIP	and it, that the information promited up	ith this filing dose not qualify fo			in Section 119 07(3)(i) Florida Statutes I fur	ther 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.