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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000069609

NORTHSIDE MORTGAGE OF NORTHWEST FLORIDA, INC.

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 27, 1999 8:00 am Secretary of State

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## Principal Place of Business Mailing Address 405 EASTVIEW DR. 405 EASTVIEW DR. FT WALTON BEACH FL 32347 FT WALTON BEACH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/01/1998 4. FEI Number Appl ed For 2a. Mailing Address 2. Principal Place of Business 59-3526666 Not Applicable 26 21 \$8.75 Acditional Suite, Apt. #, etc. Suite, Art. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust F and Contribution Added to Fees 28 23 Country Zip Coun ry Zip 8. This corporation owes the current year Intangible []No Person al Property Tax. 24 30 10. Name and Address of New Registere 1 Agent 9. Name and Address of Current Registered Agent HALL, CAROLYN V Street Address (P.O. Box Number is Not Acceptable) 82 405 EASTVIEW DR. FT WALTON BEACH FL 32547 83 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 circulars. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT): Registered Agent signature required when reinstating) Signature, typed or printed ha ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF:S IN 12 13. 12. OFFICERS AND DIRECTORS Change ☐ Addition ☐ DELETE 1 1 T(T) E TITLE WOERL, JACQUELINÉ E 1.2 NAME NAME 19 HIGDON COURT 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32547 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE HALL, CAROLYN V 22 NAME NAME 405 EASTVIEW DRIVE 2.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32547 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 517ITE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRLSS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS

14. I hereiny certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify 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 it 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 12 if chapter 607, or on an attachment with an address, with all other fike empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY+ST-ZIP

4/23/99 (850)862-8887

CR2E034 (11/98)