

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90035 008 ***150.00

DOCUMENT #

1. Corporation Name

Direct Mortgage, Inc. ✓

Principal Place of Business

4806 San Juan Avenue
Jacksonville, FL 32210

Mailing Address

4806 San Juan Avenue
Jacksonville, FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/20/98

2. Principal Place of Business

21 4806 San Juan Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 4806 San Juan Avenue
Suite, Apt. #, etc.

4. FEI Number

59-3547087 ✓

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

23 Jacksonville, FL
Zip Country

24 32210 25 Duval

28 Jacksonville, FL
Zip Country

29 32210 30 Duval

9. Name and Address of Current Registered Agent

Robert E. Clark
4806 San Juan Avenue
Jacksonville, FL 32210

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

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 Director/President ☒ DELETE
NAME Robert J. Riniker
STREET ADDRESS 9378 Arlington Expy, Ste. 316
CITY-ST-ZIP Jacksonville, FL 32211

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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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/Treasurer ☒ Change ☒ Addition
1.2 NAME Robert E. Clark
1.3 STREET ADDRESS 4806 San Juan Avenue
1.4 CITY-ST-ZIP Jacksonville, FL 32210

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Betty R. Clark
2.3 STREET ADDRESS 8618 Haverhill Street
2.4 CITY-ST-ZIP Jacksonville, FL 32211

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: _____

President

3/22/99

904-723-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)