


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90078 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000097657

1. Corporation Name
PROGRESSIVE MORTGAGE OF WALTON COUNTY, INC.



Principal Place of Business 1598 W. NELSON AVE. DEFUNIAK SPRINGS FL 32433	Mailing Address 1132-A NORTH FERDON BOULEVARD CRESTVIEW FL 32536
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1998	4. FEI Number 59-3577236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

JOSEY, MIKE
1132-A NORTH FERDON BOULEVARD
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name
JOSEY, KEVIN M

82 Street Address (P.O. Box Number is Not Acceptable)
2909 AIRPORT ROAD

83

84 City
CRESTVIEW FL 85 Zip Code
32539

11. Pursuant to the provisions of Sections 607.002 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 607.005, Florida Statutes.

SIGNATURE *Kevin M Josey* (NOTE: Registered Agent signature required when registering) DATE **APRIL 16, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JOSEY, KEVIN M
STREET ADDRESS		1.3 STREET ADDRESS	2909 AIRPORT ROAD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	LANCASTER, JILL J
STREET ADDRESS		2.3 STREET ADDRESS	5720 N HIGHWAY 85
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Kevin M Josey* **REQUIRED** DATE **APRIL 16, 1999** 850-689-1197

CR2E034 (11/98)