

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 # P98000100674

1. Corporation Name

HOMEALLIANCE MORTGAGE COMPANY

Principal Place of Business

**4500 SALISBURY ROAD
JACKSONVILLE FL 32216**

Mailing Address

**4500 SALISBURY ROAD
JACKSONVILLE FL 32216**

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90243 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

59-3544535

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 HomeAlliance Mortgage Company

25 HomeAlliance Mortgage Co.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8100 Nations Way

27 8100 Nations Way

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

24 32256

25 Duval

Zip

Country

29 32256

30 Duval

9. Name and Address of Current Registered Agent

**HANSON, KARL B JR.
50 N. LAURA STREET
SUITE 2800
JACKSONVILLE FL 32202**

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 ☐ DELETE

**D
NAME CLEMENTS, ROBERT M
STREET ADDRESS 4500 SALISBURY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
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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 ☒ Change ☐ Addition

**1.2 NAME Chairman
Clements, Robert M
1.3 STREET ADDRESS 8100 Nations Way
1.4 CITY-ST-ZIP Jacksonville, FL 32256**

2.1 TITLE ☐ Change ☒ Addition

**2.2 NAME President
Paul G. Doidge,
2.3 STREET ADDRESS 8100 Nations Way
2.4 CITY-ST-ZIP Jacksonville, FL 32256**

3.1 TITLE ☐ Change ☒ Addition

**3.2 NAME Edwin D. Ghagan (Exec.VP)
3.3 STREET ADDRESS 8100 Nations Way
3.4 CITY-ST-ZIP Jacksonville, FL 32256**

4.1 TITLE ☐ Change ☒ Addition

**4.2 NAME Terence G. Vane, Jr. (V,S)
4.3 STREET ADDRESS 8100 Nations Way
4.4 CITY-ST-ZIP Jacksonville, FL 32256**

5.1 TITLE ☐ Change ☒ Addition

**5.2 NAME John P. Silsby, II (V,T)
5.3 STREET ADDRESS 8100 Nations Way
5.4 CITY-ST-ZIP Jacksonville, FL 32256**

6.1 TITLE ☐ Change ☒ Addition

**6.2 NAME Vice President & Assist Sec
Fiona M. Burgin
6.3 STREET ADDRESS 8100 Nations Way
6.4 CITY-ST-ZIP Jacksonville, FL 32256**

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Date

904-332-7604

Daytime Phone #

CR2E034 (1/98)