

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JAN 18 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S02188 (8)

1. Corporation Name

THE MORTGAGE CENTER OF VOLUSIA COUNTY, INC.

400001384484
-01/19/95--01067--004

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
140 S. ATLANTIC AVE. ORMOND BEACH FL 32176		140 S. ATLANTIC AVE. ORMOND BEACH FL 32176		09/24/1980	02/02/1994
21. Suits, Apt. #, etc.		26. Suits, Apt. #, etc.		4. FEI Number	Applied For
22. City & State		27. City & State		59-3029025	Not Applicable
23. Zip		28. Zip		5. Certificate of Status Desired	\$6.75 Additional Fee Required
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25. Country		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAGLE, CHRISTY
140 S. ATLANTIC AVE.
ORMOND BEACH FL 32176**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	TRAUDT, KEITH	1.2 NAME	
STREET ADDRESS	853 RIVERSIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	CAGLE, CHRISTY L	2.2 NAME	
STREET ADDRESS	116 RIVER BCH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

1/11/95 (704) 673-1800