

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S29572 (2)

1. Corporation Name

PROFESSIONAL MORTGAGE & CONSOLIDATED SERVICES, I
NC.



Principal Place of Business

4151 SALTWATER BLVD.
TAMPA FL 33615

Mailing Address

4151 SALTWATER BLVD.
TAMPA FL 33615

3. Date Incorporated or Qualified
02/04/1991

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Professional Mortgage

26 2901 W. Busch Blvd.

4. FEI Number

59-3049954

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 110

27 Suite 110

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

Zip

Country

Zip

Country

24 33618

25 Hills.

29 33618

30 Hills.

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORRIS, LARRY S.
4151 SALTWATER BLVD.
TAMPA FL 33615

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	Pres.	DPS	<input type="checkbox"/> DELETE
NAME		NORRIS, LARRY S.	
STREET ADDRESS		4151 SALTWATER BLVD.	
CITY-ST-ZIP		TAMPA FL	
TITLE		T	<input checked="" type="checkbox"/> DELETE
NAME		NORRIS, LARRY S.	
STREET ADDRESS		4151 SALTWATER BLVD.	
CITY-ST-ZIP		TAMPA FL	
TITLE		Sr. Vice President/Secretary	
NAME		Mundy, Keith E.	
STREET ADDRESS		6653 Waldorf Court	
CITY-ST-ZIP		New port Richey, Fl. 34655	
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry S. Norris

Date

Daytime Phone #

1/31/96 813 931-4288

CR2E034 (12/95)