FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:08

DOCUMENT # S33971 (0)

1. Corporation Name
HOMESTEAD MORTGAGE COMPANY

Principal Place of Business	Mailing Address
7208 SAND LAKE RD SUITE 103 ORLANDO FL 32819 US	7208 SAND LAKE RD SUITE 103 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3089354 ☐ 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

9. Name and Address of Current Registered Agent

CAPPS, BILL R
1001 BYERLY WAY
ORLANDO FL 32819

10. Name and Address of New Registered Agent

91 Name: CAPPS, BILL R
92 Street Address (P.O. Box Number is Not Acceptable): 1001 BYERLY WAY
93
94 City: ORLANDO FL 95 Zip Code: 32818

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: Bill R. Capps — 01-07-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	P/CEO/D/C/T/S ☒ Change ☐ Addition
NAME	CAPPS, BILL R	1.2 NAME	CAPPS, BILL R
STREET ADDRESS	1001 BYERLY WAY	1.3 STREET ADDRESS	1001 BYERLY WAY
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL. 32818
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	CAPPS, DANA D	2.2 NAME	
STREET ADDRESS	1001 BYERLY WAY	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☒ Change ☐ Addition
NAME	MYERSON, KRIS A	3.2 NAME	
STREET ADDRESS	9684 WILD OAK DR	3.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	WINDERMERE FL	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 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: Bill R Capps — 1/7/95 — 407-352-5626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0001600 CP