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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S33971

(0)

1. Corporation Name

HOMESTEAD MORTGAGE COMPANY

Principal Place of Business

7208 SAND LAKE RD
SUITE 103
ORLANDO FL 32819
US

Mailing Address

7208 SAND LAKE RD
SUITE 103
ORLANDO FL 32819-5277
US

2. Principal Place of Business

21 7575 DR. Phillips Blvd.

Suite, Apt. #, etc.

22 Suite 270

City & State

23 ORLANDO, FLORIDA

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 7575 DR. Phillips Blvd.

Suite, Apt. #, etc.

27 Suite 270

City & State

28 ORLANDO, FLORIDA

Zip

29 32819

Country

30 USA

9. Name and Address of Current Registered Agent

CAPPS, BILL R
1001 BYERLY WAY
ORLANDO FL 32818

3. Date Incorporated or Qualified

02/22/1991

3a. Date of Last Report

05/01/1996

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

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/8/97
DATE

12. OFFICERS AND DIRECTORS

TITLE PDCT ☐ DELETE

NAME CAPPS, BILL R
STREET ADDRESS 1001 BYERLY WAY
CITY-ST-ZIP ORLANDO FL

TITLE SECRETARY ☐ DELETE

NAME DANA D. CAPPS
STREET ADDRESS 1001 BYERLY WAY
CITY-ST-ZIP ORLANDO, FLORIDA 32818

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/97

407
352-5626
Daytime Phone *

CR2E034 (9/96)