

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 18 PM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S37229

(9)

1. Corporation Name

AMELIA MORTGAGE SERVICES, INC.

Principal Place of Business

**1000 SOUTH 8TH ST.
FERNANDINA BEACH FL 32034-4208**

Mailing Address

**1000 SOUTH 8TH ST.
FERNANDINA BEACH FL 32034-4208**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/08/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1627 South 8th Street

Suite, Apt. #, etc.

2a. Mailing Address

26 1627 South 8th Street

Suite, Apt. #, etc.

4. FEI Number

59-3056761

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

22. City & State

23 Fernandina Beach, FL

27. City & State

28 Fernandina Beach, FL

24. Zip

32034

Country

USA

29. Zip

32034

Country

USA

9. Name and Address of Current Registered Agent

**O'CONNELL, JANICE A.
1009 SOUTH 8TH ST.
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

1627 South 8th Street

83.

84. City

Fernandina Beach

FL

85. Zip Code

32034

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
O'CONNELL, JANICE A.
1009 SOUTH 8TH ST.
FERNANDINA BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**1627 South 8th Street
Fernandina Beach, FL 32034**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**Price, Sandra L.
1627 South 8th Street
Fernandina Beach, FL 32034**

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(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:

JANICE A. O'CONNELL
JANICE A. O'CONNELL

4-14-95 904-277-1818