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 MAR 22 PM 4:01

DOCUMENT # **S69087** **(2)**

1. Corporation Name
INGLE & ASSOCIATES MORTGAGE SERVICES, INC.

Principal Place of Business	Mailing Address
1425 EAST PIEDMONT DRIVE SUITE 101 TALLAHASSEE FL 32312	P.O. BOX 269 TALLAHASSEE FL 32302-0269 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1991	3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-3078490	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 345 S. MAGNOLIA DRIVE	26
Suite, Apt. #, etc. 22 SUITE C-12	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE, FL	City & State 28
Zip / Country 24 32301 / 25 LEON	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

INGLE, THOMAS L.
1425 E. PIEDMONT DR
STE 101
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
345 S. MAGNOLIA DRIVE

83
SUITE C-12

84 City: TALLAHASSEE **FL** 85 Zip Code: 32301

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: Thomas L. Ingle Thomas L. Ingle, President 3/24/95
Signature, type 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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	INGLE, THOMAS L.	1.2 NAME	
STREET ADDRESS	833 E. PARK AVENUE	1.3 STREET ADDRESS	345 S. Magnolia Drive, Suite C-12
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	VPD	2.1 TITLE	☒ Change ☐ Addition
NAME	VALERY, NANCY W.	2.2 NAME	
STREET ADDRESS	833 E. PARK AVENUE	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☒ Change ☐ Addition
NAME	INGLE, CHRISTINE R.	3.2 NAME	
STREET ADDRESS	833 E. PARK AVENUE	3.3 STREET ADDRESS	345 S. Magnolia Drive, Suite C-12
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE		4.1 TITLE	Vice-President ☐ Change ☒ Addition
NAME		4.2 NAME	Carrie A. Hess
STREET ADDRESS		4.3 STREET ADDRESS	345 S. Magnolia Drive, Suite C-12
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tallahassee, FL 32301
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)(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: Thomas L. Ingle Thomas L. Ingle, President 3/24/95 904-877-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020366 CP