## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

Principal Place of Business

345 S. MAGNOLIA DR. SUITE C-12

TALLAHASSEE FL 32301



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)INGLE & ASSOCIATES MORTGAGE SERVICES, INC.

S69087

Mailing Address

P.O. BOX 269 TALLAHASSEE FL 32302-0269

## **FILED** Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1991

| _z. Principai Pi  | ace of Business   | za. Mailing Address                 |                                   |                            |   |                  | 4. FEI Number  | Ar                               | oplied For             |  |
|---|---|-------------------------------------|-----------------------------------|----------------------------|---|------------------|--|----------------------------------|------------------------|--|
| 21  |   | 26                                  |                                   |                            |   | 59-3078490       | _ No   | ot Applicable                    |                        |  |
| Suite, Apt.   | Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc.               |                            |   |                  | 5. Certificate of Status Desired   |                                  | Additional<br>equired  |  |
| City & State  | e   | City &                              | City & State                      |                            |   |                  | 6. Election Campaign Financing   | \$5.00                           | May Be                 |  |
| 23  |   | 28                                  | 28                                |                            |   |                  | Trust Fund Contribution  |                                  | to Fees                |  |
| Zip   | Country   | Zìp                                 |                                   | Country                    | /   |                  | 8. This corporation owes or has paid the o   | urrent year int                  | angible                |  |
| 24  | 25  | 29                                  |                                   | 30                         |   |                  | Personal Property Tax due June 30.   | ☐ Yes ☐                          | No                     |  |
| Name and Address of Current Registered Agent  |   |                                     |                                   |                            |   |                  | 10. Name and Address of New Registere  | d Agent                          |                        |  |
| INGLE, THOMAS L.  |   |                                     |                                   |                            |   | 81 Name          |  |                                  |                        |  |
| 345 S. MAGNOLIA DR.   |   |                                     |                                   |                            | 82 Street Address (P.O. Box Number is Not Acceptable)   |                  |  |                                  |                        |  |
| STE 12  |   |                                     |                                   |                            | otios! Address (1.0. dox (validad) to 100 Address (2.0. |                  |  |                                  |                        |  |
| TALLAHASSEE FL 32301  |   |                                     |                                   |                            |   |                  |  |                                  |                        |  |
|   |   |                                     |                                   |                            | City  |                  | <del></del>  |                                  |                        |  |
|   |   |                                     |                                   | 84                         | City  |                  | F  | L 85 Zip                         | Code                   |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above |   |                                     |                                   |                            |   |                  | ration submits this statement for the purpose  | of changing it                   | s registered           |  |
| office or re  | egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | if Florida, Such                    | change was as                     | uthorized by               | y the cor   | poratio          | on's board of directors. I hereby accept the a   | pointment as                     | registered             |  |
| •   | m tammar with, and accept the obliga  | ions or, section                    | 11 607.0303, FIDI                 | iua siaiule                | ð.  |                  |  |                                  |                        |  |
| SIGNATURE .   | Signature, typed or printed name of registered agen                                     | and title if applicable             | e (NŌTE                           | Registered Age             | not signature   | nerrulred        | when reinstating) DATE   |                                  | <del></del> .          |  |
| 12.   | OFFICERS AND  |                                     |                                   | 13.                        | ork segments  | 1000.00          | ADDITIONS/CHANGES TO OFFICERS A  |                                  | S IN 12                |  |
| TITLE   | PD  | 525.5.15                            | DELETE                            | 1.1 TITLE                  |   | Ι                |  | Change                           | Addition               |  |
| NAME  | INGLE, THOMAS L.  |                                     |                                   | 1,2 NAME                   |   |                  |  |                                  |                        |  |
| STREET ADDRESS  | 345 S. MAGNOLIA DR. STE C   | 12                                  |                                   | 1.3 STREET                 | ADDRESS   | 1                |  |                                  |                        |  |
|   | TALLAHASSEE FL  | 12                                  |                                   | 1                          |   |                  |  |                                  | 1                      |  |
| CITY-ST-ZIP   | VP  |                                     | DELETE                            | 1.4 CITY - S               | ii - ZIP  |                  |  | Change                           | Addition               |  |
|   | HESS, CARRIE A.   |                                     | DECERTE                           |                            |   |                  |  | [                                | E radition             |  |
| NAME  | 345 S. MAGNOLIA DR STE C  | 10                                  |                                   | 2.2 NAME                   |   | 1                |  |                                  | - 1                    |  |
| STREET ADDRESS  | TALLAHASSEE FL  | 12                                  |                                   | 2.3 STREET                 | -   |                  |  |                                  | İ                      |  |
| CITY-ST-ZIP<br>TITLE  | STD   |                                     | DELETE                            | 2.4 CITY -                 | ST-ZIP  |                  |  | Change                           | Addition               |  |
| ···   | INGLE, CHRISTINE R.   |                                     |                                   | 3.1 TITLE                  |   |                  |  | ☐ Change                         | AQUATION               |  |
| NAME  | •   | ^                                   |                                   | 3.2 NAME                   |   | i                |  |                                  |                        |  |
| STREET ADDRESS  | 345 \$ MAGNOLIA DR STE C1   | 2                                   |                                   | 3.3 STREET                 | ADDRESS   | }                |  |                                  | 1                      |  |
| CITY-ST-ZIP   | TALLAHASSEE FL  |                                     |                                   | 3.4. CITY-:                | ST-ZIP  |                  |  |                                  |                        |  |
| TITLE   |   |                                     | DELETE                            | 4.1 TITLE                  |   | ]                |  | L Change                         | Addition               |  |
| NAME  |   |                                     |                                   | 4. 2 NAME                  |   |                  |  |                                  | 1                      |  |
| STREET ADDRESS  |   |                                     |                                   | 4.3 STREET                 | ADDRESS   | İ                |  |                                  |                        |  |
| CITY-ST-ZIP   |   | ·                                   |                                   | 4.4 CITY-S                 | ST-ZIP  |                  | <u></u> <u></u>  |                                  |                        |  |
| TITLE   |   |                                     | ☐ DELETE                          | 5.1 TITLE                  |   | 1                | •  | L Change                         | Addition               |  |
| NAME  |   |                                     |                                   | 5.2 NAME                   |   |                  |  |                                  |                        |  |
| STREET ADDRESS  |   |                                     |                                   | 5.3 STREET                 | ADDRESS   |                  |  |                                  | ĺ                      |  |
| CITY - ST - ZIP   |   |                                     |                                   | 5.4 CITY - S               | T-ZIP   |                  |  |                                  | [                      |  |
| TITLE   |   |                                     | DELETE                            | 6.1 TITLE                  |   |                  |  | Change                           | Addition               |  |
| NAME  |   |                                     |                                   | 6.2 NAME                   |   | 1                |  |                                  | ļ                      |  |
| STREET ADDRESS  |   |                                     |                                   | 6.3 STREET                 | ADDRESS   | 1                |  |                                  | i                      |  |
| CITY-ST-ZIP   |   |                                     |                                   | 6.4 CITY-S                 |   | 1                |  |                                  | ľ                      |  |
| 14. I hereby c  | ertily that the information supplied wit  | this filing doe                     | s not qualify for                 | the exemp                  | tion state  | ed in Se         | ection 119.07(3)(i), Florida Statutes. I further   | certify that the                 | Information            |  |
| indicated officer or o  | on this annual report or supplemental<br>director of the corporation or the recei       | annual report i<br>ver or trustee e | s true and accu<br>impowered to e | rate and th<br>xecute this | at my sig<br>report as                                  | nature<br>requir | ection 119.07(3)(i), Florida Statutes. I further<br>shall have the same legal effect as if made<br>red by Chapter 607, Florida Statutes; and tha | inder oath; that<br>t my name ap | at I am an<br>pears in |  |



345 S. Magnolia Drive • Suite C-12 • Post Office Box 269 • Tallahassee, FL 32302-0269 (904) 877-0077 • FAX (904) 656-6200

January 7, 1998

Florida Department of State Division of Corporations Annual Reports Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

Re:

Ingle & Associates Mortgage Services, Inc.

Annual Report - 1998

Dear Sir/Madam:

Enclosed please find our check number 12781 in the amount of \$158.75 representing the filing fee for Profit Corporation Annual Report 1998 and a Certificate of Status. Also you will find the original signed report.

If you should have any questions regarding this matter please do not hesitate to contact me.

Sincerely,

Thomas L. Ingle

President

TLI/drm Enclosures