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PROFIT CORPORATION ANNUAL REPORT _.

1999 -



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$69087

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90023 040 ***158.75

1. Corporation	ASSOCIATES MORTGA	GE SERVI	CES, INC.		,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 		EL BLOIL BLOIL ELGIL I		
Principal Place	e of Rusiness	Maili	ng Address								
345 S. MAGNOI			BOX 269					•			
SUITE C-12		-	AHASSEE FL 32302-026	9		Ì	50 NOT	MOITE	N THE SPACE		
TALLAHASSEE	FL 32301					-	DO NOT WRITE IN THIS SPACE				
							 Date Incorporated or Qua 07/26/1991 	ea			
2. Principal P	face of Business	2a. N	lailing Address				4. FEI Number			Appl	ied For
21 26						000010100			Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desir	ed 🖁	·	\$8.75 Additional Fee Required		
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be			lay Be	
23		28					Trust Fund Contribution		Add	ted to	Fees
Zip	Country		ip –	Counti	У		8. This corporation owes the	current	·	_	¬
24	25	29		30		i	Personal Property Tax. 10. Name and Address of N	Jan Basi	Yes		□No
	9. Name and Address of Cu	irrent Registe	red Agent	8	1 Name		10. Name and Address of F	vew regi	istered Agent		
INGL	.E, THOMAS L.										
	S. MAGNOLIA DR.			8	2 Street	Addres	s (P.O. Box Number is Not Ad	ceptable)		ļ
STE				8	3						
TALL	AHASSEE FL 32301			L							
				8	4 City				FL 85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607	.0502 and 607	.1508, Florida Statute	s, the abo	ve-named	i corpora	ation submits this statement for	or the pur	pose of changin	g its re	egistered
office or re	registered agent, or both, in the Si im familiar with, and accept the ob-	tate of Florida.	. Such change was au	ithorized b	y the corp	oration's	s board of directors. I hereby	accept th	e appointment a	is regi	stered
i	in lamilia) with, and accept the or	bilgadons of, o	ection 607.9365, 1 lot	da Oldiote					•		
SIGNATURE	Signature, typed or printed name of registered	d agent and title if a	onleable (NOTE: I		ont signature						
			ppiicaule. (NOTE.)	Registered Ag	erii signature	required wi	nen reinstating)		DATE		
12.		S AND DIREC	TORS	13.	ent signature	required wi	ADDITIONS/CHANGES To		ERS AND DIRE		
12. TITLE	PD	S AND DIREC	·· ·			required wi					S IN 12
	PD INGLE, THOMAS L.		TORS	13.		required wi			ERS AND DIRE		
TITLE	PD Ingle, Thomas L. 345 S. Magnolia dr. Ste		TORS	13. 11 TITLE 1.2 NAME					ERS AND DIRE		
TITLE NAME	PD INGLE, THOMAS L. 345 S. MAGNOLIA DR. STE TALLAHASSEE FL		TORS DELETE	13. 11 TITLE 1.2 NAME	ET ADORESS				ERS AND DIRE ☐ Cha	nge	Addition
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14. I 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, with all other like empowered.

SIGN	IATU	IRE
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THOMAS L. INGLE _ PRESIDENT

850-877-0077