

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S76954 (4)

1. Corporation Name  
VELOCETTE MORTGAGE CORP.



Principal Place of Business

Mailing Address

P.O. BOX 12332 12125  
ST. PETERSBURG FL 33733

P.O. BOX 12332 12125  
ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified  
08/30/1991

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business  
21 P.O. Box 12125  
22 St. Petersburg  
23 FLA.  
24 33733  
25 FLA. USA  
26 P.O. Box 12125  
27 St. Petersburg  
28 FLA.  
29 33733  
30 USA

4. FEI Number  
59-3083869  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, RICHARD C.  
5661 34TH STREET NORTH  
ST. PETERSBURG FL 33714

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 St. Petersburg  
85 FL 33714

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: L. Gibson, Pres.

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

4/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME ARNOLD, RICHARD  
STREET ADDRESS P.O. BOX 12332 N/A  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE PST  
NAME ARNOLD, RICHARD  
STREET ADDRESS 5661-34TH ST. N.  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE D  
1.2 NAME LOLA GIBSON  
1.3 STREET ADDRESS P.O. Box 12125  
1.4 CITY-ST-ZIP St. Petersburg, FL 33733  
2.1 TITLE PST  
2.2 NAME LOLA GIBSON  
2.3 STREET ADDRESS P.O. Box 12125  
2.4 CITY-ST-ZIP St. Petersburg, FL 33733  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

700001835427  
-05/22/96-01104--050  
\*\*\*200.00

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/23/96 813-525-1155

CR2E034 (12/95)