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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # S80721

(1)

| TOWN | AND | COUNTRY | MORTGAGE | INVESTORS. | INC. |
|--------|-------|----------|----------|-------------------|-------|
| 101111 | 11110 | VVVIIIII | MOHIGAGE | 1117 LO 1 O 1 101 | IIIV: |

Principal Place of Business Mailing Address
PO BOX 300 PO BOX 300



| PO BOX 300 ORANGE LA | 0 NKE FL 32681 | PO BOX 300 Orange lake FL 3 | 2681 | | | | |
|--|---|--------------------------------------|--|---|--|-----------------------|---|
| | | | | | 3. Date Incorporated or Qualified 09/17/1991 | 3a. Date of L 04/2 | ast Report 6/1995 |
| - | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 1 | | 26 | | | 59-3093513 | | Not Applicabl |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | □ \$ | 8.75 Additional Fee Required |
| City & State | e | City & State | | | Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees |
| Zip 4 | Country 25 | Zip 29 | Gount | ry | This corporation has liability for in Florida Statutes ☐ Yes | | der s 199.032, |
| | 9. Name and Address of Curr | rent Registered Agent | | | 10. Name and Address of New Re | | nt |
| | | | 8 | 1 Name | | <u> </u> | |
| | ELMAN, JOHN C | | 8 | 2 Street Add | fress (P.O. Box Number is Not Acceptable | e) | |
| | Magnolia avenue | | | | areas (. o. socration to not recopied) | - | |
| OCALA | FL 32670 | | 8 | 3 | | | |
| | | | 8 | 4 City | | FL 85 | Zip Code |
| I1. Pursuant t | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statu | ites, the above | named corpo | pration submits this statement for the purp | acco of obsessio | g its registered offi |
| familiar wit | th, and accept the obligations of, Se | ection 607.0505, Florida Statute | ized by the coi is. | rporation's boa | and of directors. I hereby accept the appo | iintment as regis | stered agent. I am |
| | | | | | | | |
| GNATURE _ | | | | | | | |
| | Signature, typed or printed name of registered ag | | | gent signature require | | DATE | |
| 2. | | AND DIRECTORS | 13. | | ed when reinstating: ADDITIONS/CHANGES TO OFFIC | CERS AND DIR | |
| 2. ITLE | OFFICERS A | | 13. 1, 1 Tift | E | | | |
| IZ. HTLE NAME | OFFICERS A P GROSZ, ESMOND A JR | AND DIRECTORS | 13. 1. 1 TITL 1.2 NAM | E | | CERS AND DIR | |
| IZ. TILE NAME TREET ADDRESS | P GROSZ, ESMOND A JR 17500 HWY 441 | AND DIRECTORS | 13. 1.1 TITL 1.2 NAM 1.3 STRE | E E ET ADDRESS | | CERS AND DIR | |
| 12. HTLE HAME HREEF ADDRESS HTY-ST-7P | OFFICERS A P GROSZ, ESMOND A JR | ND DIRECTORS ☐ DELETE | 13. 1, 1 TITL 1,2 NAM 1,3 STRE 1,4 CITY | E E ET ADDRESS -ST-ZIP | | CERS AND DIRI | ange 🗌 Addilion |
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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

DIAMIL

Daniel S. Mills

4-11-96 352-591-1010
Date Daytine Prione