

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:48

DOCUMENT # **V30810** (8)

1. Corporation Name

LANE HILL MORTGAGE COMPANY, INC.

Principal Place of Business

Mailing Address

4821 ATLANTIC BLVD.
JACKSONVILLE FL 32207
US

P.O. DRAWER 10900
JACKSONVILLE FL 32247-980
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

04/20/1992

06/10/1994

4. FEI Number

59-3119918

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILL, LANE A.
4821 ATLANTIC BLVD
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CUELLAR, ANNE D.
479 TARRASA DR
JACKSONVILLE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

DELETE ANNE D. CUELLAR

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HILL, LANE A.
4934 EMPIRE AVE
JACKSONVILLE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

President/Director

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President/Secreta /Director
HENRY W. HILL
4934 Empire Ave
Jacksonville, Fl 32207

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

V.P/Sectry/Dir.
HENRY W. HILL
4934 Empire Ave
Jacksonville, Fl 32207

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

47 NAME
48 STREET ADDRESS
49 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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 110.07(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

Henry W. Hill

5-25-95 904 376-5300