

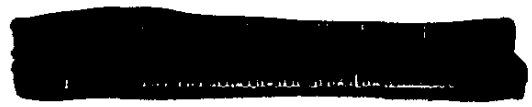
NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 DUE DATE BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**  
 05-10-1999 90294 038 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # V30810 (8)  
 Corporation Name LANE HILL MORTGAGE COMPANY, INC.



Principal Place of Business ATLANTIC BLVD. JACKSONVILLE FL 32207  
 Mailing Address P.O. DRAWER 10990 JACKSONVILLE FL 32247-990 US

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>04/20/1992   | 3a. Date of Last Report<br>1998                                    |
| 4. FEI Number<br>59-3119918   | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired  | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees               |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                     |    |
|---------------------|----|
| 2a. Mailing Address | 26 |
| Suite, Apt. #, etc. | 27 |
| City & State        | 28 |
| Zip                 | 29 |
| Country             | 30 |

9. Name and Address of Current Registered Agent  
 HILL, LANE A.  
 4821 ATLANTIC BLVD  
 JACKSONVILLE FL 32207

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL          |
| 83  |             |
| 84 City   |             |

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | VPSD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HILL, HENRY W                                   | 1.2 NAME  | <i>Terminated</i>   |
| STREET ADDRESS             | 4934 EMPIRE AVE                                 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | JACKSONVILLE E                                  | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | PD, ETAL <input type="checkbox"/> DELETE        | 2.1 TITLE   |   |
| NAME                       | HILL, LANE A.                                   | 2.2 NAME  |   |
| STREET ADDRESS             | 4934 EMPIRE AVE                                 | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | JACKSONVILLE FL                                 | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 6.4 CITY - ST - ZIP                                   |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4), 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE #: 00063 13