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Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # V39712

(7)

1. Corporation Name

OUR MORTGAGE COMPANY



|   |  |
|---|--|
| Principal Place of Business<br>350 EAST BAY DRIVE<br>LARGO FL 34640<br>US | Mailing Address<br>P.O. BOX 571<br>LARGO FL 33779-0571<br>US |
|---|--|

|                                |         |                               |                    |   |   |
|--------------------------------|---------|-------------------------------|--------------------|---|---|
| 2. Principal Place of Business |         | 2a. Mailing Address           |                    | 3. Date Incorporated or Qualified<br>05/28/1992   | 3a. Date of Last Report<br>03/26/1996                   |
| 21                             |         | 26                            | 350 East Bay Drive | 4. FEI Number<br>59-3120961   | Applied For<br>Not Applicable                           |
| 22. Suite, Apt. #, etc.        |         | 27. Suite, Apt. #, etc.       |                    | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State               |         | 28. City & State<br>Largo, FL |                    | 6. Election Campaign Financing<br>Trust Fund Contribution   | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 24. Zip                        | Country | 29. Zip                       | Country            | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| 33770                          |         | 33770                         |                    |   |   |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent                |  | 10. Name and Address of New Registered Agent           |  |
| LEATHERS, TIMOTHY L.<br>350 E. BAY DR.<br>LARGO FL 34640 33770 |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|------------------------|---|-------------------------|
| TITLE                      | D                      | 1.1 TITLE   | D                       |
| NAME                       | MCGEACHY, CLAUDE E.    | 1.2 NAME  | McGeachy, Claude E.     |
| STREET ADDRESS             | 249 S. GARDEN CR.      | 1.3 STREET ADDRESS                                    | 213 Harborview Lane     |
| CITY-ST-ZIP                | BELLEAIR FL            | 1.4 CITY-ST-ZIP                                       | Harbor Bluffs, FL 33770 |
| TITLE                      | D                      | 2.1 TITLE   |                         |
| NAME                       | PHILLIPOFF, J. VICTOR  | 2.2 NAME  |                         |
| STREET ADDRESS             | 9859 - 125TH ST. NORTH | 2.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | SEMINOLE FL            | 2.4 CITY-ST-ZIP                                       |                         |
| TITLE                      | C                      | 3.1 TITLE   |                         |
| NAME                       | FEASTER, GEORGE E.     | 3.2 NAME  |                         |
| STREET ADDRESS             | 700 STARKEY ROAD #1324 | 3.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | LARGO FL               | 3.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                        | 4.1 TITLE   |                         |
| NAME                       |                        | 4.2 NAME  |                         |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                        | 5.1 TITLE   |                         |
| NAME                       |                        | 5.2 NAME  |                         |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |                         |
| TITLE                      |                        | 6.1 TITLE   |                         |
| 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)(i), Florida Statutes. I further certify that the information included 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:  Timothy L. Leathers 3/2/97 (813) 585-3111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

STATE OF FLORIDA  
OUR MORTGAGE COMPANY  
1997 ANNUAL REPORT (continued)

| 1.<br><u>TITLE</u> | 2.<br><u>NAMES OF OFFICERS<br/>AND DIRECTORS</u> | 3.<br><u>STREET ADDRESS OF EACH<br/>OFFICER AND DIRECTOR</u> | 4.<br><u>CITY AND STATE</u> |
|--------------------|--|--|-----------------------------|
| D                  | BAUER, GEORGE P.                                 | 350 EAST BAY DRIVE   | LARGO, FL                   |
| D/P                | CHERVEN, KENNETH P.                              | 350 EAST BAY DRIVE   | LARGO, FL                   |
| D                  | STEANS, HARRISON I.                              | 350 EAST BAY DRIVE   | LARGO, FL                   |
| V                  | MCMURTREY, BRAD                                  | 350 EAST BAY DRIVE   | LARGO, FL                   |
| S/T                | LEATHERS, TIMOTHY L.                             | 350 EAST BAY DRIVE   | LARGO, FL                   |