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Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (8)A PINNACLE MORTGAGE CORP. Principal Place of Business Mailing Address 3900 COLONIAL BLVD 3900 COLONIAL BLVD DO NOT WRITE IN THIS SPACE FORT MYERS FL 33912 FORT MYERS FL 33912 3. Date Incorporated or Qualified 06/09/1992 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 Not Applicable 65-0337464 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **BOUDREAU. THOMAS F** ROWLERY HOMAS 13258 WHITEHAVEN LN 82 # 008 STE #506 83 FT MYERS FL 33912 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. Æв 1/5/98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) printed name of registered agont and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **22E034 (10/97** PTS DELETE Sec Change Addition TITLE 1.1 TITLE <u>rnes</u> | Thems! NAME **BOUDREAU, THOMAS F** Bownesu 1.2 NAME # 008 13256 WHITEHAVEN LN #506 shitehaven STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 1.4 CITY-ST-ZIF DELETE 2.1 TITLE Change TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - Z/P DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I 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 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

1/2/38

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