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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V52709 (5) 1. Corporation Name CHAFFIN SERVICES INC. Anchor Mortgage Investments, Inc. (SEE ATTACHED)			
Principal Place of Business 3172 INDIAN RIVER DRIVE PALM BAY FL 32905 US		Mailing Address 3172 INDIAN RIVER DRIVE PALM BAY FL 32905 US	
2. Principal Place of Business 21 3108 DEER RUN DR NE Suite, Apt. #, etc. 22 City & State 23 Palm Bay, FL		2a. Mailing Address 26 3108 DEER RUN DR NE Suite, Apt. #, etc. 27 City & State 28 Palm Bay, FL	
24 32905 25 BREVARD		29 32905 30 Brevard	
9. Name and Address of Current Registered Agent CHAFFIN, BARBARA A. 1469 TURKEY CREEK DR. NE PALM BAY FL 32905		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3108 DEER RUN DR NE 83 84 City Palm Bay 85 FL 86 Zip Code 32905	
11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, this 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 607.0503, Florida Statutes.			
SIGNATURE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE V NAME CHAFFIN, JON K. STREET ADDRESS 3172 INDIAN RIVER DRIVE CITY, ST, ZIP PALM BAY FL		1. TITLE ☒ Change ☐ Addition 2. NAME 3108 DEER RUN DR NE 3. STREET ADDRESS Palm Bay, FL 32905 4. CITY, ST, ZIP ☒ Change ☐ Addition	
2. TITLE V NAME CHAFFIN, BARBARA A. STREET ADDRESS 3172 INDIAN RIVER DRIVE CITY, ST, ZIP PALM BAY FL		1. TITLE ☒ Change ☐ Addition 2. NAME 3108 DEER RUN DR NE 3. STREET ADDRESS Palm Bay, FL 32905 4. CITY, ST, ZIP ☐ Change ☐ Addition	
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE ☐ Change ☐ Addition 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP ☐ Change ☐ Addition	
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP		9. TITLE ☐ Change ☐ Addition 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP ☐ Change ☐ Addition	
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		13. TITLE ☐ Change ☐ Addition 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP ☐ Change ☐ Addition	
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		17. TITLE ☐ Change ☐ Addition 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP ☐ Change ☐ Addition	
7. TITLE NAME STREET ADDRESS CITY, ST, ZIP		21. TITLE ☐ Change ☐ Addition 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP ☐ Change ☐ Addition	
8. TITLE NAME STREET ADDRESS CITY, ST, ZIP		25. TITLE ☐ Change ☐ Addition 26. NAME 27. STREET ADDRESS 28. 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 112.07(6)(b), 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 this corporation or the recorder or recorder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.			
SIGNATURE: Sandra Chaffin Barbara Chaffin 4/28/95 407.728-0982			