

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V53859**

1. Corporation Name

B J D MORTGAGE COMPANY, INC.

Principal Place of Business
**204 THIRD AVENUE SOUTH
JACKSONVILLE BEACH FL 32250
US**

Mailing Address
**204 THIRD AVENUE SOUTH
JACKSONVILLE BEACH FL 32250
US**

FILED

99 JAN 28 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1992

4. FEI Number

59-3135294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DORRIEN, BRIAN J
204 THIRD AVENUE SOUTH
JACKSONVILLE BEACH FL 32250**

81 Name

Swanson, Mitchell D.

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

11570 San Jose Blvd, Suite #12

83

84 City

Jacksonville

FL

85 Zip Code

32223

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

Mitchell D. Swanson

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

(NOTE: Registered Agent signature required when reinstating)

1-19-99

DATE

OFFICERS AND DIRECTORS

12. TITLE **PST** ☒ DELETE

NAME

DORRIEN, BRIAN J

STREET ADDRESS

204 THIRD AVENUE SOUTH

CITY-ST-ZIP

JACKSONVILLE BEACH FL 32250

TITLE

VP ☐ DELETE

NAME

SONDERATH, MARY M

STREET ADDRESS

2820 N. US HWY 1, SOUTH

CITY-ST-ZIP

ST AUGUSTINE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P, S, T, D** ☐ Change ☒ Addition

12 NAME

Swanson, Mitchell D.

13 STREET ADDRESS

204 Third Avenue South

14 CITY-ST-ZIP

Jacksonville Beach, FL 32250

21 TITLE **V** ☐ Change ☒ Addition

22 NAME

Swanson, Diane S.

23 STREET ADDRESS

11570 San Jose Blvd, Suite #12

24 CITY-ST-ZIP

Jacksonville, Florida 32223

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000002766450--7

-02/05/99--01100--027

*****150.00 ***150.00**

☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mitchell D. Swanson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-880-8889

0041982

CR2E034 (11/98)