

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:39

DOCUMENT # V59857 (5)

1. Corporation Name

DUCATE MORTGAGE COMPANY, INC.

Principal Place of Business

**1314 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

Mailing Address

**1314 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

08/21/1992

3a. Date of Last Report

06/10/1994

4. FET Number

65-0353501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for delinquent fees under F.S. 190.13(2)

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite Apt # etc

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite Apt # etc

27

City & State

28

Zip

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUCATE, ELAINE
1314 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

81. Name

William F Coates

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

1314 Cape Coral Parkway

83

Suite 318

84

Cape Coral

FL

85

33904

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

WILLIAM F COATES

William F Coates

6/1/95

12. OFFICERS AND DIRECTORS

12.1

D

**DUCATE, ELAINE
1314 CAPE CORAL PARKWAY
CAPE CORAL FL**

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

12.8

NAME

STREET ADDRESS

CITY, ST, ZIP

12.9

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

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CITY, ST, ZIP

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NAME

STREET ADDRESS

CITY, ST, ZIP

13.10

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(a), Florida Statutes. I further certify that the information submitted 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 190, Florida Statutes, and that my name appears in Block 12 or Block 13.1 through 13.10 of this filing.

SIGNATURE:

William F Coates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/95

(94)

813.542-7976