FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # V59930 (0)

1. Corporation Name

STATEWIDE MORTGAGE, INC.

Principal Place of Business	Mailing Address
2471 MCMULLEN BOOTH RD. STE 5 CLEARWATER FL 34619	2471 MCMULLEN BOOTH RD. STE 5 CLEARWATER FL 34619

3. Date Incorporated or Qualified: 08/24/1992
3a. Date of Last Report: 10/09/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3141498 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KENNEDY, BRIAN
2471 MCMULLEN BOOTH RD.
STE 5
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

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: Brian J. Kennedy V. President DATE: 3-1-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MARVIN, TIMOTHY E.		12 NAME	
STREET ADDRESS	960 LIVE OAK AVE.		13 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704		14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, BRIAN J.		22 NAME	
STREET ADDRESS	11575 47TH AVE N		23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, BRIAN J.		32 NAME	
STREET ADDRESS	11575 47TH AVE N		33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MARVIN, TIMOTHY E.		42 NAME	800001738128
STREET ADDRESS	960 LIVE OAK AVE.		43 STREET ADDRESS	-03/11/96--01005--025
CITY-ST-ZIP	ST PETERSBURG FL 33704		44 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(3)(k), 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.

SIGNATURE: Brian J. Kennedy 3-1-96 813 797-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #