

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 # **V63999** (9)

1. Corporation Name

MORTGAGE LENDERS SERVICE CORPORATION



Principal Place of Business

**19321 US HWY 19 N
STE 100
CLEARWATER FL 34624
US**

Mailing Address

**19321 US HWY 19 N
STE 100
CLEARWATER FL 34624
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MOORE, THOMAS B JR
2272 RIVERSIDE DR N
CLEARWATER FL 34624**

CORRECTION

3. Date Incorporated or Qualified
09/15/1992

3a. Date of Last Report
07/14/1995

4. FEI Number

59-3151330

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

10. Name and Address of New Registered Agent

81. Name

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

2272 RIVERSIDE DR. N

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

Signature typed or printed name of registered agent and the individual

(If the Registered Agent is a corporation, the signature shall be that of an authorized officer or director)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PDC**
STREET ADDRESS **MOORE, THOMAS B JR**
CITY-ST-ZIP **2272 RIVERSIDE DR N
CLEARWATER FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **AUGUSTINE, RONALD M**
CITY-ST-ZIP **1958 BARCELONA DR
DUNEDIN FL**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MOORE, JANICE C**
CITY-ST-ZIP **2272 RIVERSIDE DR N
CLEARWATER FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BUCKNER, WILLIAM L**
CITY-ST-ZIP **1706 TALL PINE DR
OLDSMAR FL**

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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 the fee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas B. Moore Jr.

4-24-96

813 535-6404

CR2E034 (12/95)