

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73248** (9)

1. Corporation Name

TRI-COUNTY MORTGAGE OF PENSACOLA, INC.



Principal Place of Business

Mailing Address

**801-A BEVERLY PKWY
PENSACOLA FL 32505
US**

**PO BOX 37325
PENSACOLA FL 32526
US**

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

**JERNIGAN, KENNETH E
801-A BEVERLY PKWY
PENSACOLA FL 32505**

3. Date Incorporated or Qualified

10/20/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3147300

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)	
83		
84	City	85 Zip Code
	FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. The day accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE		☐ Change ☐ Addition
TITLE		1.1 TITLE	
NAME	D JERNIGAN, KENNETH E	1.2 NAME	
STREET ADDRESS	801A BEVERLY PKWY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL 32505	1.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D ROBERSON, HAROLD W	2.2 NAME	
STREET ADDRESS	801A BEVERLY PKWY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL 32505	2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH E JERNIGAN

4-18-96 3-18-96

**904 A/C
434-6700**

CR2E034 (12/95)