

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 # **V73652** (2)

1. Corporation Name

FIRST CHOICE MORTGAGE AND INSURANCE, INC.



Principal Place of Business

Mailing Address

**1117 S DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168**

**1117 S DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168**

3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **101 E. Yelkca Terr, Ste.F**

26 **P O Box 762**

4. FEI Number
59-3151020

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Edgewater, Fl.**

28 **Edgewater, Fl.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **32132**

25 **Volusia**

29 **32132**

30 **Volusia**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLIVER, TIMOTHY L
1117 S DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168**

81 Name
Timothy L. Oliver

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

101 E. Yelkca Terrace, Suite F

83

84

City
Edgewater

FL

85 Zip Code
32132

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 **Timothy L. Oliver, PST**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
OLIVER, TIMOTHY O
1117 S DIXIE FREEWAY
NEW SMYRNA BEACH FL** ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**PST
Timothy L. Oliver
101 E. Yelkca Terrace, Suite F
Edgewater, Fl. 32132** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**VP
Grace A. Finke
4160 Saddle Club Drive
New Smyrna Beach, Fl. 32168** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

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: **Timothy L. Oliver, PST**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/26/96**

PHONE **904-426-2405**

Date

Daytime Phone #

CR2E034 (12/95)