

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**  
97 OCT 24 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G72084**  
1. Corporation Name  
**05 Mortgage and Trustment Company**

Principal Place of Business: **Pensacola, FLA**  
Mailing Address: **1008 HARBOURVIEW CIR PENS 32507**

2. Principal Place of Business: **21 Pensacola FLA**  
2a. Mailing Address: **26 1008 HARBOURVIEW CIR**  
22 Suite, Apt. #, etc.  
23 City & State: **23 Pensacola FLA**  
24 Zip: **24 32507**  
25 Country: **25 FLORIDA**  
28 City & State  
29 Zip  
30 Country

3. Date Incorporated or Qualified  
3a. Date of Last Report  
4. FEI Number: **20-3443789**  
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  
**J DREW COLEMAN JR  
1008 HARBOURVIEW CIR  
PENSACOLA, FL 32507**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 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: **J DREW COLEMAN JR** **PRASIDENT** **2 OCT 97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRASIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>J. DREW COLEMAN JR</b>	
STREET ADDRESS	<b>1008 HARBOURVIEW CIR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>APRACIO &amp; COLEMAN</b>	
STREET ADDRESS	<b>1008 HARBOURVIEW CIR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Delete
1.2 NAME	<b>10002331891</b>
1.3 STREET ADDRESS	<b>-10/28/97--01088--012</b>
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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 or changed, or on an attachment with an address.  
SIGNATURE: **J DREW COLEMAN JR** **PRASIDENT** **2 OCT 97** **456 8906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-mo Phone #

CR2E034 (9/96)

7 OCT 1997

(1)

Dear Mr. Lelien

I did not receive the original annual report sent by your Department.

Thank you for your help in this matter.

Enclosed is my check for \$165.00.

Sincerely  
J. Reed Green