FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K15955 (3)

1. Corporation Name

FIRSTBANCORP INC.

Principal Place of Business	Mailing Address
C/O WILLIAMS, JERRY J. 12640 OVERSEAS HIGHWAY MARATHON FL 33050-2714	C/O WILLIAMS, JERRY J. 12640 OVERSEAS HIGHWAY MARATHON FL 33050-2714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/24/1988
3a. Date of Last Report: 03/07/1994

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

4. FEI Number: 65-0030114 ☐ 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

WILLIAMS, JERRY J.
12640 OVERSEAS HWY.
MARATHON FL 33050

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/airing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	HARKINS, JOHN F.	12 NAME	
STREET ADDRESS	12640 OVERSEAS HWY.	13 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	14 CITY-ST-ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	CONRAD, DON	22 NAME	
STREET ADDRESS	121 MOCKINGBIRD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL 33050	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	PLATTNER, RONALD	32 NAME	
STREET ADDRESS	5 SANDPIPER LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	CONRAD, GILES	42 NAME	
STREET ADDRESS	121 MOCKINGBIRD LANE	43 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	44 CITY-ST-ZIP	
TITLE	DP	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JERRY J.	52 NAME	
STREET ADDRESS	300 CORTE DEL BRISAS	53 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	SKIDD, MICHAEL T	62 NAME	
STREET ADDRESS	481 NW 105 DR	63 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPGS FL	64 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)(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 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: Michael T Skidd 4/24/95 715-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101R1 CP