

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 14 PH 4: 29**

**DOCUMENT # P12065 (9)**

1. Corporation Name

**FRANKLIN FINANCIAL SERVICES CORPORATION**

Principal Place of Business

**FRANKLIN SQUARE  
SPRINGFIELD IL 62713**

Mailing Address

**FRANKLIN SQUARE  
SPRINGFIELD IL 62713**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**11/07/1986**

3a. Date of Last Report

**02/04/1994**

4. FEI Number

**37-0919114**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HORTON, PAUL H.  
2700 CORRINE DRIVE  
ORLANDO FL 32803**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

**BYERLY, THOMAS J.**

STREET ADDRESS

**#1 FRANKLIN SQ.  
SPRINGFIELD IL**

CITY- ST- ZIP

TITLE

SVP

NAME

**OSMONSON, GARY**

STREET ADDRESS

**#1 FRANKLIN SQ  
SPRINGFIELD IL**

CITY- ST- ZIP

TITLE

D

NAME

**HORVAT, STEPHEN P. JR.**

STREET ADDRESS

**FRANKLIN SQUARE  
SPRINGFIELD IL**

CITY- ST- ZIP

TITLE

STD

NAME

**SPENCER, ROBERT G.**

STREET ADDRESS

**FRANKLIN SQUARE  
SPRINGFIELD IL**

CITY- ST- ZIP

TITLE

SVP

NAME

**KNISLEY, LARRY K**

STREET ADDRESS

**#1 FRANKLIN SQ  
SPRINGFIELD IL**

CITY- ST- ZIP

TITLE

VPS

NAME

**HORVAT, STEPHEN P JR**

STREET ADDRESS

**#1 FRANKLIN SQ  
SPRINGFIELD IL**

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

**SEE ATTACHED LISTING**

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

*Deanna D. Osmonson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Deanna D. Osmonson, Vice President-Administration**

**2/6/95**

**(217) 528-2011**

Title

Signature/Printed Name

#1 Franklin Square  
Springfield, Illinois 62713-0001  
217-528-2011



**Franklin**  
Financial Services  
Corporation

February 7, 1995

Division of Corporations  
Annual Reports  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed please find Annual Report submitted on behalf of Franklin Financial Services Corporation together with the Company's check in the amount of \$200.00 to cover the filing fee.

Cordially,

Deanna D. Osmonson  
Vice President-Administration

DDO.tmw  
Enclosure