2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **P93000040593** FIRST BANKING SERVICES OF THE SOUTH, INC. 05-01-2000 90376 032 ***150.00 Principal Place of Business Mailing Address P O BOX DRAWER 1327 29 EGLIN PKWY FT WALTON BEACH FL 32549 FT WALTON BEACH FL 32549 UUU77569 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3184773 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEASLEY, J. LARRY SR. Street Address (P.O. Box Number is Not Acceptable) 29 EGLIN PKWY FT WALTON BEACH FL 32548 City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. ਪਾ ਹੋ After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITI F TITLE BEASLEY, J. LARRY SR. NAME NAME STREET ADDRESS STREET ADDRESS 29 EGLIN PKWY. CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL 32549 ☐ Change ☐ Addition Delete TITLE TITLE TRINGAS, JOHN J. NAME NAME STREET ADDRESS STREET ADDRESS 29 EGLIN PKWY CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL 32549 ☐ Addition Change D Delete TITLE FAISON, GREG NAME NAME STREET ADDRESS STREET ADDRESS 218 E. BROAD STREET CITY-ST-ZIP CITY-ST-ZIP EUFAULA AL 36027 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME TUCKER, JIMMY STREET ADDRESS STREET ADDRESS 29 EGLIN PKWY CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32549 TITLE ☐ Delete TITLE Change ☐ Addition NAME LITHGOW, TRACY NAME STREET ADDRESS STREET ADDRESS 29 N. EGLIN PKY CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32549 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MATTHEWS, JUSTIN : NAME NAME STREET ADDRESS STREET ADDRESS 29 N EGLIN PKWY CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32549

SIGNATURE:

J Larry Beasley Sr 4/14/2000 (850) 796

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

13. I hereby certify that the information supplied with this filing does not adalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.