

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 685791 (6)

1. Corporation Name

THE BIG FIRST, INC.



Principal Place of Business

% FIRST FED. SAV. & LOAN ASSOC. OF P BCHS  
215 S OLIVE AVE  
WEST PALM BEACH FL 33401-5617

Mailing Address

% FIRST FED. SAV. & LOAN ASSOC. OF P BCHS  
215 S OLIVE AVE  
WEST PALM BEACH FL 33401-5617

3. Date Incorporated or Qualified

08/28/1980

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2071319

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

FIRST FED. SAV. & LOAN ASSOC. OF THE PALM  
BEACHES  
215 S OLIVE AVENUE  
WEST PALM BEACH FL 33402

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

*John C. Trammel*

Vice President & Director

March 1, 1996

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTD  
NAME GUEMPLE, R R  
STREET ADDRESS 215 S OLIVE AVE  
CITY-STATE-ZIP W PALM BCH FL ☐ DELETE

TITLE PD  
NAME AHRENHOLZ, JOHN M  
STREET ADDRESS 215 S OLIVE AVE  
CITY-STATE-ZIP W PALM BCH FL ☐ DELETE

TITLE VD  
NAME JOHN C. TRAMMEL  
STREET ADDRESS 215 SOUTH OLIVE AVENUE  
CITY-STATE-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE VSD  
NAME BASSFORD, F DEVOE  
STREET ADDRESS 215 S OLIVE AVE  
CITY-STATE-ZIP W PALM BCH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

*John C. Trammel*

John C. Trammel-Vice Pres./Director 3/1/96 (407) 650-2355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Daytime Phone #

CR2E034 (12/95)