FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H69078** **(4)**

1. Corporation Name

SOUTHERN FIRST CORPORATION

Principal Place of Business	Mailing Address
3300 PHILLIPS HGWY JAX FL 32207	~~3300 PHILLIPS HGWY~~ ~~JAX FL 32207~~

3. Date Incorporated or Qualified: **07/31/1985**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 5369
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, FL.
Zip / Country 24 / 25	Zip / Country 29 32247 / 30 Duval

4. FEI Number: **59-2627183** ☐ 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

MCGEHEE, THOMAS R.
3300 PHILLIPS HWY
JAX FL 32207

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 (Required) — NOTE: Registered Agent Signature Required for Electronic Filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SDV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, THOMAS R.		1.2 NAME		
STREET ADDRESS	3300 PHILLIPS HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, FRANK S.		2.2 NAME		
STREET ADDRESS	3300 PHILLIPS HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		2.4 CITY-ST-ZIP		
TITLE	TAS	☒ DELETE	3.1 TITLE	TAS	☐ Change ☒ Addition
NAME	DUPREE, J.W. JR.		3.2 NAME	Jonathan V. Rogers	
STREET ADDRESS	3300 PHILLIPS HWY		3.3 STREET ADDRESS	3300 Philips Highway	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL. 32207	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, T.R., JR.		4.2 NAME		
STREET ADDRESS	3300 PHILLIPS HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCGEHEE, F.S., JR.		5.2 NAME		
STREET ADDRESS	3300 PHILLIPS HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	CFO	☐ Change ☒ Addition
NAME			6.2 NAME	John Brent	
STREET ADDRESS			6.3 STREET ADDRESS	3300 Philips Hwy	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville, FL. 32207	

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: Sutton McGehee 4/25/96 (904) 348-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E. Sutton McGehee, Treasurer

CR2E034 (12/95)