

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **129561** (7)
1. Corporation Name
FIRST OF FLORIDA CORPORATION



Principal Place of Business NATIONSBANK TOWER SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2145 US	Mailing Address NATIONSBANK TOWER SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/08/1934	
4. FEI Number 59-0242625		5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

g. Name and Address of Current Registered Agent RICKARD, BARBARA A NATIONSBANK TOWER SUITE 2370 100 SE 2 ST MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STDM ☐ DELETE	1.1 TITLE	P/T/D/M ☒ Change ☐ Addition
NAME	RICKARD, B A	1.2 NAME	
STREET ADDRESS	100 SE 2 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	HEMMINGS, ARTHUR I	2.2 NAME	
STREET ADDRESS	2582 SW 7 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	BARR, SAMUEL L JR.	3.2 NAME	
STREET ADDRESS	10 MARBELLA CT HAMMOCK DUNES	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	S ☐ Change ☒ Addition
NAME		4.2 NAME	REICHARDT, FRANCES C.
STREET ADDRESS		4.3 STREET ADDRESS	15 N.E. 131st STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33161
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 *Barbara A. Rickard* **Barbara A. Rickard** 4/21/98 (205) 372-1286

CR2E034 (10/97)