

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000093745

Entity Name: RETAILFIRST MUTUAL HOLDINGS, INC.**Current Principal Place of Business:**2310 COMMERCE POINT DRIVE
LAKELAND, FL 33801**Current Mailing Address:**2310 COMMERCE POINT DRIVE
LAKELAND, FL 33801**FEI Number: 27-4498658****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name NISSEN III, NIS H
Address 4406 SUGARTREEDRIVE
City-State-Zip: LAKELAND FL 33813Title D
Name HANSELMAN, JOHN D
Address 12450 SW 140 LOOP
City-State-Zip: DUNNELLON FL 34432Title DIRECTOR
Name PETCOFF, CORY T
Address 1661 WILLIAMSBURG SQUARE
City-State-Zip: LAKELAND FL 33803Title D
Name PETCOFF, THOMAS S
Address P.O. BOX 2007
City-State-Zip: LAKELAND FL 33806Title DIRECTOR
Name HODGES, RICKY T
Address 205 E HOOKER STREET
City-State-Zip: BARTOW FL 33830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS S PETCOFF**DIRECTOR****04/27/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date