

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000048017

**Entity Name:** FIRST FLORIDA BANCORP, INC.**Current Principal Place of Business:**2000 NINETY-EIGHT PALMS BLVD  
DESTIN, FL 32541**Current Mailing Address:**P.O. BOX 128  
DESTIN, FL 32540 US**FEI Number:** 46-4616733**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURGE, FRANK B  
2000 NINETY-EIGHT PALMS BLVD  
DESTIN, FL 32541 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 CFO, EVP  
Name SCOTT, ROSS  
Address P.O. BOX 128  
City-State-Zip: DESTIN FL 32540

Title SECRETARY, VP  
Name BROWN, JENNIFER  
Address P.O. BOX 128  
City-State-Zip: DESTIN FL 32540

Title DIRECTOR  
Name DAILEY, JEANNE  
Address 33 BETHANY BAY  
City-State-Zip: DESTIN FL 32541

Title DIRECTOR  
Name CASTLE, HARROLL D  
Address 4497 HIGHWAY 20 W  
City-State-Zip: FREEPORT FL 32439

Title DIRECTOR  
Name LOGAN, KEVIN O  
Address 1522 MACK BAYOU ROAD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name WILSON, DEWEY C. JR.  
Address 172 LOWERY ROAD  
City-State-Zip: FREEPORT FL 32439

Title DIRECTOR  
Name ARTHUR, JAMES DR.  
Address #1 MERCY LANE SUITE 502  
City-State-Zip: HOT SPRINGS AR 71913

Title DIRECTOR  
Name DEWRELL, DON  
Address PO BOX 1510  
City-State-Zip: FORT WALTON BEACH FL 32549

**Continues on page 2**

*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: FRANK B. BURGE****CHAIRMAN/CEO****01/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                PRESIDENT AND DIRECTOR  
Name                WILSON, BRETT  
Address             P.O. BOX 128  
City-State-Zip:    DESTIN FL 32540

Title                CHAIRMAN  
Name                FRANK, BURGE B  
Address             522 WALTON WAY  
City-State-Zip:    DESTIN FL 32550