

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 # 376528 (6)

1. Corporation Name
FIRST OF EUSTIS, INC.



Principal Place of Business: **2801 SOUTH BAY STREET, P.O. BOX 1090, EUSTIS FL 32727-1090**
Mailing Address: **2801 SOUTH BAY STREET, P.O. BOX 1090, EUSTIS FL 32727-1090**

3. Date Incorporated or Qualified: **02/02/1971**
3a. Date of Last Report: **04/11/1995**

| | | | |
|--------------------------------|---------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-1511966 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 | 28 | | |
| Zip | Country | 24 | 25 |
| 29 | 30 | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPHERD, DAVID M.
2801 S. BAY STREET
EUSTIS FL 32727**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEREDITH, BRADLEY R | 1.2 NAME | |
| STREET ADDRESS | 521 SPRING CREEK ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LONGWOOD FL 32779 | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FURNAS, WILLIAM M. | 2.2 NAME | |
| STREET ADDRESS | 505 LAKE GRACIE DR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | EUSTIS FL 32726 | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRICE, BRAXTON W M.D. | 3.2 NAME | |
| STREET ADDRESS | P O BOX 0550 N/A | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | EUSTIS, FL 0 32727-0550 | 3.4 CITY - ST - ZIP | |
| TITLE | PDC <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHEPHERD, DAVID M | 4.2 NAME | SHEPHERD, DAVID M |
| STREET ADDRESS | 36909 SANDY LANE | 4.3 STREET ADDRESS | 706 N LEE STREET APT E |
| CITY - ST - ZIP | GRAND ISLAND FL | 4.4 CITY - ST - ZIP | LEESBURG FL 34748-4339 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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: *David M. Shepherd* **4/16/96** **352-357-4171**
Date Daytime Phone #

CR2E034 (12/95)