FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -7 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 429693 (5)

1. Corporation Name
FIRST NORTHWEST FLORIDA SERVICE CORPORATION

Principal Place of Business
198 EGLIN PKWY NE
P.O. BOX 2799
FT. WALTON BEACH FL 32549

Mailing Address
P.O. BOX 10566
ATTN: ACCOUNTING DIV.
BIRMINGHAM AL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/03/1973
3a. Date of Last Report: 09/07/1994
4. FEI Number: 59-2210376 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TINSLEY, WILLIAM H.
198 EGLIN PARKWAY
FT. WALTON BEACH FL 32548

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1 1 TITLE	☐ Change ☐ Addition
NAME	WARD, HERVIS	1 2 NAME	
STREET ADDRESS	RT. 2, BOX 422	1 3 STREET ADDRESS	
CITY ST ZIP	CRESTVIEW FL	1 4 CITY ST ZIP	
TITLE	PD	2 1 TITLE	☐ Change ☐ Addition
NAME	TINSLEY, WILLIAM H.	2 2 NAME	
STREET ADDRESS	198 EGLIN PKWY NE	2 3 STREET ADDRESS	
CITY ST ZIP	FT. WALTON BEACH FL	2 4 CITY ST ZIP	
TITLE	VD	3 1 TITLE	☐ Change ☐ Addition
NAME	MINGER, JOHN W.	3 2 NAME	
STREET ADDRESS	203 JOHN SIMS PKWY.	3 3 STREET ADDRESS	
CITY ST ZIP	NICEVILLE FL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	GIESEN, ANDREW F., JR.	4 2 NAME	
STREET ADDRESS	558 MOONEY RD.	4 3 STREET ADDRESS	
CITY ST ZIP	FT. WALTON BEACH FL	4 4 CITY ST ZIP	
TITLE	SVP	5 1 TITLE	☐ Change ☐ Addition
NAME	INGRAM, GERRY G.	5 2 NAME	
STREET ADDRESS	113 MEMORIAL PKWY, NW.	5 3 STREET ADDRESS	
CITY ST ZIP	FT. WALTON BCH FL	5 4 CITY ST ZIP	
TITLE	AT	6 1 TITLE	☐ Change ☐ Addition
NAME	BEAN, MICHAEL A	6 2 NAME	
STREET ADDRESS	701 S. 32ND STREET	6 3 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL 35233	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: Michael A. Bean MICHAEL A. BEAN 4/4/95 205/558-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #