

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 10668
ATTN: ACCOUNTING DIV.
BIRMINGHAM AL

3. Date Incorporated or Qualified 07/03/1973
3a. Date of Last Report 04/07/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc	59-2210376	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	DELET
NAME	WARD, HERVIS	
STREET ADDRESS	RT. 2, BOX 422	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	PD	DELET
NAME	TINSLEY, WILLIAM H.	
STREET ADDRESS	198 EGLIN PKWY NE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	VD	DELET
NAME	MINGER, JOHN W.	
STREET ADDRESS	203 JOHN SIMS PKWY.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	DELET
NAME	GIESEN, ANDREW F., JR.	
STREET ADDRESS	558 MOONEY RD.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	SVP	DELET
NAME	INGRAM, GERRY G.	
STREET ADDRESS	113 MEMORIAL PKWY, NW.	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	AT	DELET
NAME	BEAN, MICHAEL A	
STREET ADDRESS	701 S. 32ND STREET	
CITY-ST-ZIP	BIRMINGHAM AL 35233	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 X *Michael A. Bean* Michael A. Bean 4/29/96 (205) 558-5724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)