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 21 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **685791** **(6)**

1. Corporation Name
THE BIG FIRST, INC.

Principal Place of Business	Mailing Address
% FIRST FED. SAV. & LOAN ASSOC. OF P BCHS 215 S OLIVE AVE WEST PALM BEACH FL 33401-5617	% FIRST FED. SAV. & LOAN ASSOC. OF P BCHS 215 S OLIVE AVE WEST PALM BEACH FL 33401-5617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/28/1980
3a. Date of Last Report: 02/10/1994

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

4. FEI Number: 59-2071319 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FIRST FED. SAV. & LOAN ASSOC. OF THE PALM BEACHES
215 S OLIVE AVENUE
WEST PALM BEACH FL 33402

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	11 TITLE		☐ Change ☐ Addition
NAME	GUEMPLE, R R	12 NAME		
STREET ADDRESS	215 S OLIVE AVE	13 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	AHRENHOLZ, JOHN M	22 NAME		
STREET ADDRESS	215 S OLIVE AVE	23 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	24 CITY-ST-ZIP		
TITLE	~~ED~~	31 TITLE	VD	XX Change ☐ Addition
NAME	~~DAVIS, LOUIS O JR~~	32 NAME	John C. Trammel	
STREET ADDRESS	~~215 S OLIVE AVE~~	33 STREET ADDRESS	215 South Olive Avenue	
CITY-ST-ZIP	~~W PALM BCH FL~~	34 CITY-ST-ZIP	West Palm Beach, FL	
TITLE	~~VSD~~	41 TITLE		XX Change ☐ Addition
NAME	~~SHORT, JUDITH E.~~	42 NAME	DELETE	
STREET ADDRESS	~~215 S OLIVE AVE~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~W PALM BCH FL~~	44 CITY-ST-ZIP		
TITLE	~~VD~~	51 TITLE	VSD	☐ Change ☐ Addition
NAME	BASSFORD, F DEVOE	52 NAME		
STREET ADDRESS	215 S OLIVE AVE	53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP		
TITLE	~~VPD~~	61 TITLE		XX Change ☐ Addition
NAME	~~PAUL, JOSEPH S.~~	62 NAME	DELETE	
STREET ADDRESS	~~215 S OLIVE AVE~~	63 STREET ADDRESS		
CITY-ST-ZIP	~~W PALM BCH FL~~	64 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)(i), 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: John M. Ahrenholz — January 13, 1995 — 407 650-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041B20 CP