

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 700004 (5)
1. Corporation Name
FLORIDA FINANCIAL SERVICES ASSOCIATION, INC.

APPROVED
AND
FILED

55 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
215 S. MONROE ST. #614 215 S. MONROE ST. #614
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1959 3a. Date of Last Report 04/25/1994
4. FBI Number 59-0661624 Applied For Not Applicable

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, RICHARD P
215 SOUTH MONROE ST., SUITE 614
TALLAHASSEE FL 32301

81 Name Greg Erath
82 Street Address (P.O. Box Number is Not Acceptable) 215 S. Monroe St. # 614
83
84 City Tallahassee FL 85 Zip Code 32301

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.

Greg Erath

(NOTE: Registered Agent signature required when reappointing)

02/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHULTZ, WILLIAM S.
STREET ADDRESS 12512 1ST ST., W. UNIT #2
CITY-ST-ZIP TREASURE ISLAND FL
TITLE D
NAME SMITH, REA, JR.
STREET ADDRESS 250 CARPENTER FREEWAY
CITY-ST-ZIP IRVING TX
TITLE VPD
NAME SHULER, JOSEPH S.
STREET ADDRESS RT 1 BOX 51-C
CITY-ST-ZIP HOSFORD FL
TITLE STD
NAME ERATH, C. GREGORY
STREET ADDRESS 220 C THARPE ST
CITY-ST-ZIP TALLAHASSEE FL 32303
TITLE EVP
NAME WEST, RICHARD P.
STREET ADDRESS 215 S MONROE ST. #614
CITY-ST-ZIP TALLAHASSEE FL 32301
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD ☒ Change ☐ Addition
1.2 NAME JOSEPH S. SHULER
1.3 STREET ADDRESS RT. 1 BOX 51-C
1.4 CITY-ST-ZIP HOSFORD, FL 32334
2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME WILLIAM S. SCHULTZ
2.3 STREET ADDRESS 12512 FIRST ST. W
2.4 CITY-ST-ZIP TREASURE ISLAND FL 33706
3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME GREG ERATH
3.3 STREET ADDRESS 1660-8 NO. MONROE ST.
3.4 CITY-ST-ZIP TALLAHASSEE, FL 32303
4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME SMITH REA, JR.
4.3 STREET ADDRESS 250 CARPENTER FREEWAY
4.4 CITY-ST-ZIP IRVING, TX 75266
5.1 TITLE VD ☐ Change ☒ Addition
5.2 NAME PHIL E. HITZ
5.3 STREET ADDRESS 211 PERIMETER CENTER PKWY, STE 800
5.4 CITY-ST-ZIP ATLANTA, GA 30346
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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG ERATH

02/28/95

(904) 224-3095