

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

APPROVED AND FILED

95 MAY - 11 PM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 770003

1. Corporation Name
Florida First Capital Finance Corporation, Inc.

Principal Place of Business Mailing Address

107 W. Gaines Street, Room 443 Tallahassee, FL 32399-2000 **P.O. Box 5826 Tallahassee, FL 32314**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/26/1983	3a. Date of Last Report 4/21/94
4. FEI Number 59-2515700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Blakeslee, Mary Helen
Room 443, Collins Building
107 W. Gaines Street
Tallahassee, FL 32399-2000**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 **Mary Helen Blakeslee** *M Blakeslee* DATE **5/8/95**

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mr. Robert Little	
1.3 STREET ADDRESS	3300 S.W. 34th Ave. Suite 101	
1.4 CITY - ST - ZIP	Ocala, FL 34474	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mr. William Gossett	
5.3 STREET ADDRESS	502 N. Highway 17-92	
5.4 CITY - ST - ZIP	Longwood, FL 32750	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ms. Cindy Zimmerman	
6.3 STREET ADDRESS	315 Alafaya Woods Blvd.	
6.4 CITY - ST - ZIP	Oviedo, FL 32765	

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary Bliss* DATE **5-10-95** TELEPHONE **904/224-8494**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

Gary Bliss, President

13. (cont.)

Director

Larry Sassano

235 West 5th Street

Panama City, FL 32401

X Addition



Mary Helen Blakeslee



Gary Bliss, President

**FFCFC BOARD OF DIRECTORS
1994-1995**

<u>NAME & ADDRESS</u>	<u>OFFICE HELD</u>	<u>OCCUPATION</u>
Mr. Brian Arledge Senior Vice President Century Bank P.O. Box 2900 Sarasota, FL 34230 813/366-1050 fax 813/951-0742	Director	Banker
Ms. Mary Helen Blakeslee Chief, Bureau of Business Assistance Fla. Dept. of Commerce 107 W. Gaines Street, Ste.443 Tallahassee, FL 32399-2000 904/488-9357 fax 904/922-9596	Secretary/ Treasurer	Economic Development
Mr. Gary Bliss Senior Vice President Tallahassee State Bank P.O. Box 2275 Tallahassee, FL 32316-2275 904/224-8494 fax 904/222-7160	President	Banker
Mr. William Gossett President Liberty National Bank P.O. Box 9400 Longwood, FL 32750 407/831-1776 fax 407/831-1443	Vice President	Banker
Mr. Norwood Jackson Industrial Marketing Rep. The Northwest Florida Development Group, Inc. 1701-A South Waukesha Street Bonifay, FL 32425 904/547-5088 fax 904/547-5742	Director	Economic Development
Mr. Robert Little Senior Vice President AmSouth Bank of Florida P.O. Box 280 Ocala, FL 34478 904/854-4166 fax 904/854-4197	Director	Banker

Mr. Lamar Nash
Vice President
Perdue Office Interior
8443 Baymeadows Road, West
Jacksonville, FL 32256
904/737-5858 fax 904/737-6088

Director

Economic
Development

Mr. Larry Sassano
Economic Development Mgr.
P.O. Box 1850
Panama City, FL 32402-1850
904/785-5206 fax 904/763-6229

Director

Economic
Development

Mr. Carmie Snider
Small Business Consultant, Inc.
6110 99th Street, East
Bradenton, FL 34202
813/957-7990 fax 813/955-3055
1-800/207-1380 pager

Director

Banker

Ms. Cindy Zimmerman
Owner/Cindy's Kids
315 Alafaya Woods Blvd.
Oviedo, FL 32765
407/366-2100 fax 407/366-2486

Director

Business
Owner