

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 21 1996 8:00 am  
Secretary of State

**DOCUMENT # 770003 (2)**  
1. Corporation Name  
**FLORIDA FIRST CAPITAL FINANCE CORPORATION, INC.**



Principal Place of Business: 107 W GAINES ST., ROOM 443 TALLAHASSEE FL 32399-2000  
Mailing Address: P.O. BOX 5826 TALLAHASSEE FL 32314

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/26/1983</b>		3a. Date of Last Report <b>05/11/1995</b>	
21		26		4. FEI Number <b>59-2515700</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	Country	29. Zip	Country	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				10. Name and Address of New Registered Agent			
<b>BLAKESLEE, MARY HELEN</b> <b>ROOM 443, COLLINS BLDG</b> <b>107 WEST GAINES ST.</b> <b>TALLAHASSEE FL 32399-2000</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LITTLE, ROBERT MR</b>	1.2 NAME	<b>Gary Franek</b>
STREET ADDRESS	<b>3300 S.W. 34TH AVE, SUITE 101</b>	1.3 STREET ADDRESS	<b>4900 Manatee Ave., West, Suite 103</b>
CITY - ST - ZIP	<b>OCALA FL 34474</b>	1.4 CITY - ST - ZIP	<b>Bradenton, FL 34230</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLISS, GARY</b>	2.2 NAME	<b>Charles Christman</b>
STREET ADDRESS	<b>601 NORTH MONROE STREET</b>	2.3 STREET ADDRESS	<b>444 Seabreeze Blvd., Suite 207</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32301</b>	2.4 CITY - ST - ZIP	<b>Daytona Beach, FL 32118</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DELETED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARLEDGE, BRIAN</b>	3.2 NAME	<b>Jarry Sassano</b>
STREET ADDRESS	<b>1680 FRUITVILLE RD.</b>	3.3 STREET ADDRESS	<b>235 West 5th Street</b>
CITY - ST - ZIP	<b>SARASOTA FL 34230</b>	3.4 CITY - ST - ZIP	<b>Panama City, FL 32401</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DELETED</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAKESLEE, MARY HELEN</b>	4.2 NAME	<b>Carmie Snider</b>
STREET ADDRESS	<b>107 W GAINES ST RM 443</b>	4.3 STREET ADDRESS	<b>6110 99th Street, East</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY - ST - ZIP	<b>Bradenton, FL 34202</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOSSETT, WILLIAM MR</b>	5.2 NAME	
STREET ADDRESS	<b>502 N. HIGHWAY 17-92</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, CINDY MS</b>	6.2 NAME	
STREET ADDRESS	<b>315 ALAFAYA WOODS BLVD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OVIDO FL 32765</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Blakeslee **2-19-96** **904-488-9357**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)