

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F60231 (0)**

1. Corporation Name
SERVICE FIRST, INC.



Principal Place of Business: **144 HARRISON AVENUE PO BOX 670 PANAMA CITY FL 32401-2726**
Mailing Address: **144 HARRISON AVENUE PO BOX 670 PANAMA CITY FL 32401-2726**

3. Date Incorporated or Qualified 12/29/1981	3a. Date of Last Report 03/20/1995
4. FEI Number 59-2195856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HALL, LESLEY L.
144 HARRISON AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0509, Florida Statutes.

SIGNATURE

Signature of the individual who is the registered agent for the corporation

Signature of the Agent or the individual who is changing

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, ANDREW W.	1.2 NAME	
STREET ADDRESS	114 HARRISON AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	1.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JINKS, C.L.	2.2 NAME	
STREET ADDRESS	100 CHERRY ST., APT. 3	2.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	2.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLEY, TOMMY M.	3.2 NAME	
STREET ADDRESS	712 MOORE CIRCLE	3.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	3.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, JAMES E.	4.2 NAME	
STREET ADDRESS	301 MAPLE AVE.	4.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	4.4 CITY, ST, ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEMAS, JOHN R	5.2 NAME	
STREET ADDRESS	800 BUNKERS COVE RD	5.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	5.4 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, G. BAYNE	6.2 NAME	
STREET ADDRESS	2505 W. 9TH STREET	6.3 STREET ADDRESS	
CITY, ST, ZIP	PANAMA CITY FL	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:

Andrew W. Stein, President 02/01/96 (904) 872-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)