SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002615 (3)**

1. Corporation Name
FIRST ORLANDO FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
1301 SW 37TH AVE. SUITE 103 OCALA FL 34478	1301 SW 37TH AVE. SUITE 103 OCALA FL 34478

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 14415 SW 38 Terr Rd	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, Florida	City & State 28
Zip / County 24 34473 / 25 USA	Zip / County 29 / 30

4. FEI Number: 59-2970554 — 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
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
KNABE, MASON 1301 SW 37TH AVE. SUITE 1036 OCALA FL 34478	81 Name: Mason Knabe 82 Street Address (P.O. Box Number is Not Acceptable): 14415 SW 38 Terr Rd 83 84 City: Ocala FL 85 Zip Code: 34473

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: Mason Knabe — Mason Knabe — July 25, 1995
Signature, typed or printed name of registered agent and the date as applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	Vice President ☐ Change ☐ Addition
NAME	KNABE, MASON	12 NAME	Gregory Flowers
STREET ADDRESS	14415 SW 38 TERR. RD.	13 STREET ADDRESS	10305 NW 4th Place
CITY-ST-ZIP	OCALA FL 34473	14 CITY-ST-ZIP	Gainesville, Fl. 32607
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, JEAN C	22 NAME	
STREET ADDRESS	10851 S.W. 151 PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34432	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Mason Knabe President — Mason Knabe — 7/25/95 — 904-347-0616
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

01112172 CP