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FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000005835 (2)

1. Corporation Name
FEDFIRST FINANCIAL GROUP, INC.



Principal Place of Business Mailing Address
20 POPE AVENUE EXECUTIVE PARK RD. HILTON HEAD ISLAND SC 29928

3. Date Incorporated or Qualified 11/28/1995	3a. Date of Last Report 06/10/1996
4. FEI Number 57-1009417	Applied For 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 type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. Country
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

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 607.0502 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 _____ (INCORP - Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	KELLEY, MARK S	
3. STREET ADDRESS	20 POPE AVENUE EXECUTIVE PARK RD.	
4. CITY - ST - ZIP	HILTON HEAD ISLAND SC 29928	
5. TITLE	STD	<input type="checkbox"/> DELETE
6. NAME	HUNNINGS, R H	
7. STREET ADDRESS	20 POPE AVENUE EXECUTIVE PARK RD.	
8. CITY - ST - ZIP	HILTON HEAD ISLAND SC 29928	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	
3.1 STREET ADDRESS	
4.1 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	
7.1 STREET ADDRESS	
8.1 CITY - ST - ZIP	
9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10.1 NAME	
11.1 STREET ADDRESS	
12.1 CITY - ST - ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.1 NAME	
15.1 STREET ADDRESS	
16.1 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark S. Kelley DATE: 3-17-97 TELEPHONE: (803)842-9007

CR2E034 (9/96)