FILE NOW: FILING FEE AFTER Min. 1ST IS \$550.00

CORPORATION ANNUAL REPORT

Y - ST - ZIP

IGNATURE

Block 12 or Block 13 if changed, or on an effactment with an arterials



FLORIDA DEPARTMENT OF STATE

FIFD

01 APR -6 PM 12: 09

SECRETARY OF STATE ALLAHASSEE, FLORIDA

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # Corporation Name

FIRST OF EUSTIS: INC

Colonial Investment Services of Florida, Inc.

Principal Place of Business 201 EAST PINE STREET, " ONE COMMERCE STREET MONTGOMERY, AL 36104 DO NOT WRITE IN THIS SPACE SUITE 100 3. Date incorporated or Ovialified ATTN: TAX DEPT. ORLANDO, FL 32801 02/02/1971 . Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1511966 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees 28 ÷Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 233 .CT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324. 83 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. IGNATURE Signature, typed or crinted name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition iLE DELETE 1.1 TITLE ___ Change CEO/PRESIDENT ME 1.2 NAME ROBERT E. LOWDER 500003963435-REET AODRESS 1.3 STREET ADDRESS ONE COMMERCE ST., MONTGOMERY, AL -04/09/01--01004--021 TY-ST-ZIP 1.4 CITY - ST - ZIP i oelete TLE 2.1 TITLE CHIEF FINANCIAL OFFICER ME 22 MAME FLAKE OAKLEY 21 . IREET ADORESS 23 STREET ADDRESS ONE COMMERCE STREET, MONTGOMERY, IY-ST-ZIP 2. 4 CITY - ST - ZIP AL 36,106ELETE iLΕ Change Addition 3.1 TITLE VICE PRESIDENT- TAX ME 3.2 NAME DAVID REIMER REET ADDRESS 3.3 STREET ADDRESS ONE COMMERCE STREET, MONTGOMERY, AL Y - ST - ZIP 3.4. CITY - ST - ZIP □ DE記憶104 Œ Addition Change 4.1 TITLE ME 4. 2 NAME REET ADDRESS 4.3 STREET ADDRESS Y - ST - ZIP 4.4 CITY - ST- ZIP Addition LΕ DELETE Change 5.1 TITLE 5.2 NAME REET ADDRESS **S 3 STREET ADDRESS** Y-ST-ZIP 5.4 CITY - ST - ZIP £. Change ☐ Addition DELETE 6.1 TITLE ИE 6.2 NAME EET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP I hereby certify that the information supplied with this filling 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