

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90192 011 ***150.00

DOCUMENT # F98000000603

1. Corporation Name
PREMIER FINANCIAL CORP.



Principal Place of Business
9951 ATLANTIC BLVD., STE 233
JACKSONVILLE FL 32225

Mailing Address
9951 ATLANTIC BLVD., STE 233
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **112 W. Adams St.**
(Suite) Apt. #, etc.
22 **701**
City & State
23 **Jacksonville, FL**
Zip
24 **32202** Country
25 **US**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
02/03/1998

4. FEI Number
13-3918998 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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CHAPPELLE, JOSEPH C
9951 ATLANTIC BLVD., STE 233
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
Joseph Chappelle

82 Street Address (P.O. Box Number is Not Acceptable)
1100 Kings Rd

83
#40851

84 City
Jacksonville FL 85 Zip Code
32203

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 DATE **4-19-99**
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	JOHNSON, RODNEY	3000 RHONE COURT	JACKSONVILLE FL	<input checked="" type="checkbox"/>
V	CHAPPELLE, DENNIS	162 PROSPECT AVE	STATEN ISLAND NY	<input checked="" type="checkbox"/>
CSD	TUCKER, JOSEPHINE A	26 CAROLINE ST. LEVEL 1	STATEN ISLAND NY	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	Senior Vice President			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2	Daniel R. McQuatney			<input type="checkbox"/>	<input type="checkbox"/>
1.3	220 A Florida Blvd			<input type="checkbox"/>	<input type="checkbox"/>
1.4	Neptune Beach, FL 32206			<input type="checkbox"/>	<input type="checkbox"/>
2.1	Vice President			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2	Harry L. Williams			<input type="checkbox"/>	<input type="checkbox"/>
2.3	1151 Van Buren			<input type="checkbox"/>	<input type="checkbox"/>
2.4	Jacksonville, FL 32206			<input type="checkbox"/>	<input type="checkbox"/>
3.1	Treasurer			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2	Josephine A.E. Tucker			<input type="checkbox"/>	<input type="checkbox"/>
3.3	26 Caroline St. Level 1			<input type="checkbox"/>	<input type="checkbox"/>
3.4	Staten Island, NY 10301			<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-19-99** DAYTIME PHONE **(904) 355-1353**

CR2E034 (11/98)