

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90192 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000000603

1. Corporation Name
PREMIER FINANCIAL CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9951 ATLANTIC BLVD., STE 233 JACKSONVILLE FL 32225	Mailing Address 9951 ATLANTIC BLVD., STE 233 JACKSONVILLE FL 32225
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3. Date Incorporated or Qualified 02/03/1998	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 13-39 18998	Additional Fee Required \$8.75
5. Certificate of Status Desired <input type="checkbox"/>	May Be Added to Fees \$5.00
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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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 85 Zip Code FL 32203
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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**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE JOHNSON, RODNEY 3000 RHONE COURT JACKSONVILLE FL	1.1 TITLE Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> DELETE CHAPPELLE, DENNIS 162 PROSPECT AVE STATEN ISLAND NY	1.2 NAME Daniel R. McQuatney	
TITLE CSD	<input checked="" type="checkbox"/> DELETE TUCKER, JOSEPHINE A 26 CAROLINE ST. LEVEL 1 STATEN ISLAND NY	1.3 STREET ADDRESS 220 A Florida Blvd	
TITLE <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP Neptune Beach, FL 32206	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		2.2 NAME Harry L. Williams	
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS 1151 Van Buren	
TITLE <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP Jacksonville, FL 32206	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		3.2 NAME Josephine A.E. Tucker	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS 26 Caroline St. Level 1	
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP Staten Island, NY 10301	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.2 NAME	
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

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

SIGNATURE:  DATE: **4-19-99** (904) 355-1353
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)