FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H01946** **(3)**

1. Corporation Name

PRESIDENTIAL FINANCIAL CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
712 S OREGON AVE TAMPA FL 33606	712 S OREGON AVE TAMPA FL 33606

3. Date Incorporated or Qualified: **05/02/1984**
3a. Date of Last Report: **02/02/1995**

2. Principal Place of Business
21 10012 N. DALE MABRY HWY, SUITE 203
Suite, Apt. #, etc. BLDG B
City & State: 23 TAMPA FL
Zip: 24 33618 Country: 25

2a. Mailing Address
26 10012 N. DALE MABRY HWY,
Suite, Apt. #, etc. 27 SUITE 203 BLDG B
City & State: 28 TAMPA, FL
Zip: 29 33618 Country: 30

4. FEI Number: **58-1569889** ☐ 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

SIVYER, NEIL
~~712 S OREGON AVE~~ 220 South Franklin St.
~~TAMPA FL 33606~~
TAMPA, FL. 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 220 South Franklin St.
83
84 City: **FL** 85 Zip Code

11. 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.

SIGNATURE: [signature] DATE: 1/15/96

NOTE: Registered Agent signature required when filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, PAUL		1.2 NAME		
STREET ADDRESS	2200 NORTHLAKE PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOVE, KENNETH		2.2 NAME		
STREET ADDRESS	2200 NORTHLAKE PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NUNNALLY, HUGH P. JR.		3.2 NAME		
STREET ADDRESS	2200 NORTHLAKE PKWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	POST, MICHAEL J.		4.2 NAME		
STREET ADDRESS	2200 NORTHLAKE PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, JOHN		5.2 NAME		
STREET ADDRESS	2200 NORTHLAKE PKWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added on an attachment with an address.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. RICHARDSON

Date: 1/7/96 Daytime Phone: 813-963-7566