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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H61778** **(7)**

1. Corporation Name

B.F.S.B. FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
5537 SHELDON RD STE. D TAMPA FL 33615 US	P O BOX 31125 STE. D TAMPA FL 33631-3125 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **06/13/1985**
3a. Date of Last Report: **02/07/1995**

4. FEI Number: **59-2811193** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired **XX** **$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 **XX** Yes ☐ No

9. Name and Address of Current Registered Agent

YOUNG, RONALD A
5537 SHELDON ROAD, STE. D
STE. D
TAMPA FL 33615

10. Name and Address of New Registered Agent

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

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 (Typed or printed name of person signing) (NOTE: Registered Agent's signature required when changed) **RONALD A. YOUNG, V.P.** DATE **1/16/96**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NERNBERG, A. RICHARD 5537 SHELDON RD., STE. D TAMPA FL	☐ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOBLAND, JOHN 31620 23RD AVE S., STE. 207 FEDERAL WAY WA	☐ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTS YOUNG, RONALD A 5537 SHELDON RD., STE. D TAMPA FL	☐ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	VT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	VP MARTIN ABRAHAM 31620 23rd AVE S., STE 218 FEDERAL WAY, WA 98003	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	AVP DANA S.J. STANLEY 5537 SHELDON RD, STE D TAMPA, FL 33615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	S BRENDA SOWRY 5537 SHELDON RD, STE D TAMPA, FL 33615	☐ Change ☒ Addition

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)(k), 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: [signature] **1/16/96** Date **(813) 886-5626** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. YOUNG, VICE PRESIDENT

EXT. 116