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 # **J82310** **(0)**

1. Corporation Name

FIRST NORTHWEST FLORIDA BANK

Principal Place of Business	Mailing Address
768 N. BEAL PKWY. PO BOX 3040 FT. WALTON BCH. FL 32547	768 N. BEAL PKWY. PO BOX 3040 FT. WALTON BCH. FL 32547

3. Date Incorporated or Qualified: **07/10/1987**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

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

4. FEI Number: **59-2771840** ☐ 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

OWENS, EDDIE MAE
EMERALD COAST STATE BANK
768 N. BEAL PKWY.
FT. WALTON BCH. FL 32547

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
FIRST NORTHWEST FLORIDA BANK

83 **768 N BEAL PARKWAY**

84 City **FORT WALTON BEACH** **FL** 85 Zip Code **32547**

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: NOT APPLICABLE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filed standing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	D/C	☒ Change ☐ Addition
NAME	PUALLS, A.P. JR.		1.2 NAME	QUALLS JR, A.P.	
STREET ADDRESS	1120 SANTA ROSA BLVD.		1.3 STREET ADDRESS	1120 SANTA ROSA BLVD	
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	VC	☐ DELETE	2.1 TITLE	D/VC*	☒ Change ☐ Addition
NAME	CLEMENT, EUGENE F. JR.		2.2 NAME	CLEMENT JR, EUGENE F.	*VICE
STREET ADDRESS	221 WOODLAWN DR.		2.3 STREET ADDRESS	221 WOODLAWN DRIVE	CHAIRMAN
CITY-ST-ZIP	PANAMA CITY BCH. FL		2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, EDDIE MAE		3.2 NAME		
STREET ADDRESS	228 MOONEY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH. FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D/S	☒ Change ☐ Addition
NAME	PECK, THRONTON C. CO		4.2 NAME	PECK, THORNTON C.	
STREET ADDRESS	676 S ANTA ROSA BLVD., UNIT 4		4.3 STREET ADDRESS	676 SANTA ROSA BLVD, UNIT 4	
CITY-ST-ZIP	FT. WALTON BCH. FL		4.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ROPER, DANIEL DR.		5.2 NAME	ROPER, DANIEL L.	
STREET ADDRESS	59 MEISS DRIVE		5.3 STREET ADDRESS	59 MEIGS DRIVE	
CITY-ST-ZIP	SHALIMAR FL		5.4 CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE	PD	☒ DELETE	6.1 TITLE	V	☒ Change ☐ Addition
NAME	HARRISON, HAROLD J.		6.2 NAME	DOWNING, JEAN D.	
STREET ADDRESS	5 IDLEWILD CIRCLE		6.3 STREET ADDRESS	212A CLOVERDALE BLVD	
CITY-ST-ZIP	FT. WALTON BEACH FL		6.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	

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: (904)244-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A.P. QUALLS JR