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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

788 N. BEAL PKWY.
PO BOX 3040
FT. WALTON BCH. FL 32547

Mailing Address

788 N. BEAL PKWY.
PO BOX 3040
FT. WALTON BCH. FL 32547-0040

3. Date Incorporated or Qualified

07/10/1987

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

OWENS, EDDIE MAE
FIRST NORTHWEST FLORIDA BANK
788 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)

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 NOT APPLICABLE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME QUALLA, JR. A
STREET ADDRESS 1120 SANTA ROSA BLVD.
CITY-ST-ZIP FT. WALTON BEACH FL
☐ DELETE

TITLE DVC
NAME CLEMENT, EUGENE F. JR.
STREET ADDRESS 221 WOODLAWN DR.
CITY-ST-ZIP PANAMA CITY BCH. FL
☐ DELETE

TITLE PD
NAME OWENS, EDDIE MAE
STREET ADDRESS 228 MOONEY ROAD
CITY-ST-ZIP FT. WALTON BCH. FL
☐ DELETE

TITLE DS
NAME PECK, THORNTON C
STREET ADDRESS 676 S ANTA ROSA BLVD., UNIT 4
CITY-ST-ZIP FT. WALTON BCH. FL
☐ DELETE

TITLE D
NAME ROPER, DANIEL L
STREET ADDRESS 59 MEIGS DRIVE
CITY-ST-ZIP SHALIMAR FL
☐ DELETE

TITLE V
NAME DOWNING, JEAN D
STREET ADDRESS 212A CLOVERDALE BLVD.
CITY-ST-ZIP FORT WALTON BEACH FL
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☒ Change ☐ Addition

QUALLS JR, AL P
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

D
GRACE, ROGER A
43 LONGWOOD DRIVE
SHALIMAR, FL 32579
☐ Change ☒ Addition

14. I do 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.

SIGNATURE:

Shalimar (and) 314 1834

CR2E034 (9/96)