

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90071 019 ***150.00

DOCUMENT # J82310

1. Corporation Name
FIRST NORTHWEST FLORIDA BANK

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

Mailing Address
768 N. BEAL PKWY.
PO BOX 3040
FT. WALTON BCH. FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/10/1987

4. FEI Number
59-2771840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

QUALLS, ALBERT P JR
FIRST NORTHWEST FLORIDA 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)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DC
NAME QUALLS, ALBERT P JR
STREET ADDRESS 1120 SANTA ROSA BLVD.
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE V
NAME CLARK, DUANE D
STREET ADDRESS 16 KIMBROUGH ROAD
CITY-ST-ZIP MARY ESTHER FL 32569

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

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

TITLE D
NAME GRACE, ROGER A.
STREET ADDRESS 43 LONGWOOD DR.
CITY-ST-ZIP SHALIMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 an other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT P. QUALLS, JR.

Date

4/1/99

(850) 244-9293

Daytime Phone #

CR2E034 (11/98)