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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L18046** **(7)**

1. Corporation Name

BANKERS FINANCIAL FUNDING SERVICE CORPORATION

Principal Place of Business	Mailing Address
3690 EAST BAY DRIVE. SUITE T LARGO FL 34641	3690 EAST BAY DRIVE. SUITE T LARGO FL 34641

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 2600 McCormick Drive
Suite, Apt #, etc.
22 Suite #350
City & State
23 Clearwater, FL
Zip 24 34619 Country 25 Pinellas

2a. Mailing Address
26 2600 McCormick Drive
Suite, Apt #, etc.
27 Suite #350
City & State
28 Clearwater, FL
Zip 29 34619 Country 30 Pinellas

4. FEI Number: 59-2989719 ☐ 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

PULLEY, DONN F.
3132 BLUE HERON STREET
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: Richard J. Davis
82 Street Address (P.O. Box Number is Not Acceptable): 2600 McCormick Drive Suite #350
83
84 City: Clearwater, FL 85 Zip Code: 34619

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: _____ DATE: 5-23-96
Signature, typed or printed name, and title of person authorized to sign (see instructions). Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PULLEY, DONN F. 3132 BLUE HERON STREET SAFETY HARBOR FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Richard J. Davis 2600 McCormick Drive Suite #350 Clearwater, FL 34619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ 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	100001867311 -06/19/96--01083--020 ***225.00	☐ 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		☐ Change ☐ Addition

6/17/96

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 on an attachment with an address.

SIGNATURE: _____ 5-23-96 813-724-0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #