


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAR 10 AM 8:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000001344
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CUSTOMER SERVICE OF F.N.B. COMPANY, L.L.C.
840 GOODLETTE ROAD N.
SUITE 201
NAPLES FL 34102

1a. Principal Place of Business Address 840 GOODLETTE ROAD N. SUITE 201 NAPLES FL 34102
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <i>Same</i>	2a. Mailing Address	3. Date Organized or Qualified 2/27/1996	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0716538	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> No Additional Fee Required
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent ALBERT, LEWIS S 840 GOODLETTE ROAD N. SUITE 201 NAPLES FL 34102	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	TICE, GARY L	840 GOODLETTE ROAD N.	NAPLES FL
MGR	GURGOVITS, STEPHEN J	FIRST NTL BANK OF PA. HERM	HERMITAGE PA
MGR	FUGGLE, THOMAS M	FIRST NTL BANK OF PA. HERM	HERMITAGE PA

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2/11/97
3/11/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Gary L. Tice* / Gary L. Tice 2/11/97 941-438-7633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #