FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 AM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M51272

1. Corporation Name

E.C.S.B. HOLDING COMPANY INC.

Principal Place of Business	Mailing Address
768 N BEAL PARKWAY PO BOX 3040 FORT WALTON BEACH, FL 32547	768 N BEAL PARKWAY PO BOX 3040 FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/87

3a. Date of Last Report: UNKNOWN

2. Principal Place of Business	2a. Mailing Address
21 768 N BEAL PARKWAY	26 768 N BEAL PARKWAY
Suite, Apt. #, etc. 22 PO BOX 3040	Suite, Apt. #, etc. 27 PO BOX 3040
City & State 23 FORT WALTON BEACH, FL	City & State 28 FORT WALTON BEACH, FL
Zip / Country 24 32547 / 25 USA	Zip / Country 29 32547 / 30 USA

4. FEI Number: 59-2836230 ☐ 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 XX No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: OWENS, EDDIE MAE
	82 Street Address (P.O. Box Number is Not Acceptable): E.C.S.B. HOLDING COMPANY INC
	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: Eddie Mae Owens — EDDIE MAE OWENS, SECRETARY — 4-14-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	XX Change ☐ Addition D/C QUALLS JR, A.P. 1120 SANTA ROSA BLVD FORT WALTON BEACH, FL 32548
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	XX Change ☐ Addition D/P CLEMENT JR, EUGENE F. 221 WOODLAWN DRIVE PANAMA CITY BEACH, FL 32407
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	XX Change ☐ Addition D/V/S OWENS, EDDIE MAE 228 MOONEY ROAD FORT WALTON BEACH, FL 32547
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	XX Change ☐ Addition NOT APPLICABLE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	XX Change ☐ Addition NOT APPLICABLE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	XX Change ☐ Addition NOT APPLICABLE CH

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: Eddie Mae Owens — 4-14-95 (904) 244-9293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EDDIE MAE OWENS, SECRETARY