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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

M51272

(6)

FIRST NORTHWEST FLORIDA HOLDING COMPANY

**FILED** Feb 06 1998 8:00am Secretary of State



Principal Place of Business				Mailing Address									************	
768 N. BEAL PARKWAY				768 N. BEAL PARKWAY										
P.O. BOX 3040				P.O. BOX 3040					DO 1107 11017 111 - 111 - 111					
FT. WALTON BCH. FL 32547				FT. WALTON BCH. FL 32547					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified					
								ŀ	04/30/1		ied			
2. Principal P	lace of Busi	ness	20	Mailing Address	<del></del>				4. FEI Numbe				A 1: 1 F'	
21 101 E. 23rd Street				D 0 D 50000					59-2836230				Applied For	
Suite, Apt. #, etc.				26 P. O. Box 59900 Suite, Apt. #, etc.									Not Applicable  Additional	
22	, 6.6		27	Conto, ript. ii, cic.					5. Certificate	of Status Desired	1 🔯	•	Required	
City & State	e			City & State			-		6 Election Co	ampaign Financir	20			
Panama City, FL			28	T T T T T T T T T T T T T T T T T T T						Contribution	·	\$5.00 May Be Added to Fees		
Zip		Country	· · · · · · · · · · · · · · · · · · ·			Country				ration owes or ha	=-			
24 32405-	4501	25 USA	29	32412-0900	30	US	A			roperty Tax due .	•	Yes	∏ No	
	9. Name	and Address of Curren			11	T				Address of Nev				
CLEMENT, EUGENE F JR.							Name	0						
101		62 Street Add				(D.O. B N			u					
PANAMA CITY FL 32405							Street	t Address	(P.O. Box Nu	mber is Not Acce	(ptable			
,,,,						83						<del></del>		
						84	City				F	<b>85</b>   Zij	p Code	
11. Pursuant	to the provis	sions of Sections 607.050.	2 and 60	7 1508 Florida Stat	utes the	abov	a-pamed	d cornora	ition submits th	is statement for t			its registered	
office or re	egistered ag	gent, or both, in the State lith, and accept the obliga	of Florid	a Such change was	authoriz	ed by	the cor	rporation'	's board of dire	ctors. I hereby a	ccept the ap	pointment a	as registered	
_	m i <b>a</b> miliar w	am, and accept the obliga	mons or,	. Section 607.0505, i	-lorida St	atutes	S.							
SIGNATURE	Signature types	or printed name of registered age	of and title if	Lapplicable (NC	TF: Register	ed And	o' sionalure	re required w	then reinstating)		DATE		<del></del>	
12.		OFFICERS AND			13		- I organization			CHANGES TO O		ID DIRECTO	ORS IN 12	
TITLE	CD			DELETE	_	TITLE						Change		
NAME	QUALLS	S, ALBERT P JR			12	NAME								
STREET ADDRESS	209 HA	RRIS AVENUE			13	STREET	ADDRESS	. [						
CITY-ST-ZIP	FT. WAI	LTON BEACH FL 3254	8			CITY-S								
TITLE	PO	<del></del>		DELETÉ		TITLE						Change	Addition	
NAME	CLEMEN	NT, EUGENE F JR			2.2	NAME								
STREET ADDRESS	221 WO	ODLAWN DR.			1		ADDRESS	.						
CITY-ST-ZIP		A CITY FL 32407				CITY-5								
TITLE	SEC			DELETE		TITLE	51 * ZIF	SEC			<del>-</del>	☐ Change	Addition	
NAME		tt, Walter D.,	ĪΨ			NAME				D	T		<b>K</b>	
STREET ADDRESS		Radcliff Avenu					ADDRESS			ter D.,	ıt.			
ŀ		Haven, FL 324						000		f Avenue	,			
CITY-ST-ZIP TITLE	الللا لا تو	naven, FL 324	44	DELETE		CITY-S IITLE	o1 - Z02	Lyn	п нaven.	FL 32444	<del>-</del>	Change	Addition	
NAME				vace in								change	LJ AUGINON	
· · · · · · · · · · · · · · · · · · ·						NAME		1						
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP	<del>-</del>			DELETE		OITY-S	T-ZIP	-				П Оь	14720-	
TITLE				☐ perci¢		ITLE		1				∟ Change	Addition	
NAME						IAME		1						
STREET ADDRESS							ADDRESS	1						
CITY-\$1-ZIP		<del></del>				CITY-S	T-ZIP	<b></b>	······ , <u>·</u>			<del></del>		
TITLE				☐ DELETE	6.11	ITLE		1				Change	Addition	
NAME					6.21	IAME								
STREET ADDRESS					6.3 9	TREET	ADDRESS	1						
CiTY-ST-ZIP					6.40	ITY-S	I-ZIP	1					İ	

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 earli; 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 or an attachment with an address.

02/03/98

850-769-3207