

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M78113 (1)
1. Corporation Name
FINANCIAL AMERICAN SERVICES COMPANY



Principal Place of Business
730 BAYFRONT PARKWAY
3A
PENSACOLA FL 32501
US

Mailing Address
730 BAYFRONT PARKWAY
3A
PENSACOLA FL 32501
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 650 W. Oakfield Rd.		26 650 W. Oakfield Rd.		04/19/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2975485	
City & State		City & State		Applied For	
23 Pensacola, FL		28 Pensacola, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32503		29 32503		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25 USA		30 USA		7.8.75 Additional Fee Required	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				9. Yes 10. No	

9. Name and Address of Current Registered Agent

REEVES, JAMES J.
730 BAYFRONT PARKWAY
#4-B
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
William A. Hunt
82 Street Address (P.O. Box Number is Not Acceptable)
650 W. Oakfield Rd.
83
84 City
Pensacola
85 Zip Code
FL 32503

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 William A. Hunt William A. Hunt DATE March 23, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	REEVES, JAMES J.	1.2 NAME	
STREET ADDRESS	730 BAYFRONT PKWY #4-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	HUNT, WILLIAM A	2.2 NAME	
STREET ADDRESS	650 W. OAKFIELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	SD
NAME	WHITESELL, WILLIAM J K.	3.2 NAME	
STREET ADDRESS	3881 NO PALAFOX ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	PRESLEY, M. E	4.2 NAME	
STREET ADDRESS	730 BAYFRONT PARKWAY, SUITE 3A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CF2E034 (10/97)