

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M84654 (6)
1. Corporation Name
F.F.O. FINANCIAL GROUP, INC.

Principal Place of Business Mailing Address
% PHYLLIS A. ELAM % PHYLLIS A. ELAM
2013 LIVE OAK BLVD. 2013 LIVE OAK BLVD
ST. CLOUD FL 34771 ST. CLOUD FL 34771
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 3a. Date of Last Report
06/06/1988 04/26/1996
4. FEI Number Applied For
59-2899802 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELAM, PHYLLIS, A
2013 LIVE OAK BLVD.
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 *Phyllis A. Elam Senior Vice President*
Signature, type name, title, and if applicable (NOTE: Registered Agent signature required when reinstating)

9-17-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HOUGH, WILLIAM R	2013 LIVE OAK BOULEVARD	ST. CLOUD FL	<input type="checkbox"/>
D	BROWN, DONALD S.	2013 LIVE OAK BOULEVARD	ST. CLOUD FL	<input type="checkbox"/>
D	DAVIS, JAMES B	2013 LIVE OAK BLVD	ST. CLOUD FL	<input type="checkbox"/>
C	MAY, ALFRED T.	2013 LIVE OAK BOULEVARD	ST. CLOUD FL	<input type="checkbox"/>
D	MOORE EDWARD A.	2013 LIVE OAK BOULEVARD	ST. CLOUD FL	<input type="checkbox"/>
D	PIERSON, MILDRED	2013 LIVE OAK BOULEVARD	ST. CLOUD FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (4/97)