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FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001665 (7)

1. Corporation Name

CHOICE FIRST INC.

Principal Place of Business

Mailing Address

88 MIRACLE STRIP
#210
FT. WALTON BCH. FL 32548PO BOX 215
MARY ESTHER FL 32569-02153. Date Incorporated or Qualified
04/05/19953a. Date of Last Report
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21 30 SW Beal Pkwy.
Suite, Apt. #, etc.26 30 SW Beal Pkwy
Suite, Apt. #, etc.4. FEI Number
59-3307410Applied For
Not Applicable

22 City & State

27 City & State

23 Ft. Walton Bch., Fl

28 Ft. Walton Bch, Fl

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

32548

25 USA

30 32548

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANZEN, DEBRA
23 CACTUS ROAD
MARY ESTHER FL 32569

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Debra Franzen

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME KEEFE, TERRANCE
STREET ADDRESS 23 CACTUS ROAD
CITY-ST-ZIP MARY ESTHER FL 325691.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Russell Phipps
1.3 STREET ADDRESS 5 NW Sandal Wood Dr.
1.4 CITY-ST-ZIP Ft. Walton Bch., Fl 32549TITLE PSTD ☐ DELETE
NAME FRANZEN, DEBRA
STREET ADDRESS 23 CACTUS ROAD
CITY-ST-ZIP MARY ESTHER FL 325692.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Robert Vieheller
2.3 STREET ADDRESS 1529 W. Ponderosa Rd.
2.4 CITY-ST-ZIP Ft. Walton Bch., Fl 32548TITLE D ☒ DELETE
NAME ATTON, NORA
STREET ADDRESS 25 CACTUS ROAD
CITY-ST-ZIP MARY ESTHER FL 325693.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME Sandra Burgess
3.3 STREET ADDRESS 5 NW Sandal Wood Dr.
3.4 CITY-ST-ZIP Ft. Walton Bch., Fl 32549TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Wiffar Peacock
4.3 STREET ADDRESS 488 Spring Borck Lane
4.4 CITY-ST-ZIP Mary Esther, Fl 32569TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Debra Franzen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0074381

CP2E037 (9/96)