

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90084 006 ***150.00

DOCUMENT # P12065

1. Corporation Name

FRANKLIN FINANCIAL SERVICES CORPORATION

Principal Place of Business

FRANKLIN SQUARE
SPRINGFIELD IL 62713

Mailing Address

FRANKLIN SQUARE
SPRINGFIELD IL 62713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1986

4. FEI Number

37-0919114

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	[DELETE]
NAME	WILLIAM A SIMPSON	
STREET ADDRESS	#1 FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL 62713	
TITLE	PD	[DELETE]
NAME	OSMONSON, GARY	
STREET ADDRESS	#1 FRANKLIN SQ	
CITY-ST-ZIP	SPRINGFIELD IL	
TITLE	VC	[X] DELETE
NAME	REDDICK, GARY D	
STREET ADDRESS	#1 FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL 62713	
TITLE	VPSD	[X] DELETE
NAME	FRIEND, ROSS D	
STREET ADDRESS	#1 FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL 62713	
TITLE	TD	[X] DELETE
NAME	EARL BAUCOM	
STREET ADDRESS	#1 FRANKLIN SQUARE	
CITY-ST-ZIP	SPRINGFIELD IL 62713	
TITLE		[DELETE]
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William A. Simpson
3.3 STREET ADDRESS	#1 Franklin Square
3.4 CITY-ST-ZIP	Springfield, IL 62713
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathy Keith
4.3 STREET ADDRESS	#1 Franklin Square
4.4 CITY-ST-ZIP	Springfield, IL 62713-0001
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karen A. Kunz
5.3 STREET ADDRESS	#1 Franklin Square
5.4 CITY-ST-ZIP	Springfield, IL 62713
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Kathy L Keith

Kathy Keith

2/25/1999

(217) 528-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0551203

CR2E034 (11/98)