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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P38142** **(6)**

1. Corporation Name

FLORIDA FINANCIAL RESOURCES CORP.

Principal Place of Business	Mailing Address
3853 INDIAN TRAIL DESTIN FL 32541 US	3853 INDIAN TRAIL DESTIN FL 32541 US

3. Date Incorporated or Qualified: 03/31/1992

3a. Date of Last Report: 04/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3110073	☐ Applied For ☐ Not Applicable
21 8251 NAVARRE Pkwy	26 P.O Box 5217		
22 Suite, Apt. #, etc. Suite A	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
23 City & State NAVARRE, FL	28 City & State NAVARRE, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 32566 25 Country SANTA ROSA	29 Zip 32566 30 Country SANTA ROSA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

FONTAINE, GEORGE
3853 INDIAN TRAIL
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: MARY E. REBHOLZ

82 Street Address (P.O. Box Number is Not Acceptable): 8251 NAVARRE, #

83: Suite A

84 City: NAVARRE FL 85 Zip Code: 32566

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] MARY E. REBHOLZ 1/28/96

(Signature of New Registered Agent, if changing) (NOTE: Registered Agent Signature required when filing) (Printed Name) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☒ DELETE	11 TITLE	Pres. Sec. Treas	☒ Change ☐ Addition
NAME	FONTAINE, GEORGE		12 NAME	MARY E. REBHOLZ	
STREET ADDRESS	3853 INDIAN TRAIL		13 STREET ADDRESS	2701 CREEKSEDGE LN.	
CITY, ST, ZIP	DESTIN FL		14 CITY, ST, ZIP	NAVARRE, FL. 32566	
TITLE	VTD	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	REDHOLTZ, MARY		22 NAME		
STREET ADDRESS	3853 INDIAN TRAIL		23 STREET ADDRESS		
CITY, ST, ZIP	DESTIN FL		24 CITY, ST, ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY, ST, ZIP			34 CITY, ST, ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY, ST, ZIP			44 CITY, ST, ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY, ST, ZIP			54 CITY, ST, ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY, ST, ZIP			64 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1-28-95 939.3580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)