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FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
8251 NAVARRE PKWY
SUITE B
NAVARRE FL 32566
US

Mailing Address
P O BOX 5217
NAVARRE FL 32566-0217
US

3. Date Incorporated or Qualified
03/31/1992

3a. Date of Last Report
02/14/1996

4. FEI Number
59-3110073

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. 8251 NAVARRE PKWY STE B
23. City & State
24. Zip
25. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
REBHOLZ, MARY E
8251 NAVARRE
SUITE B
NAVARRE FL 32566

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 *MARY E. REBHOLZ* MARY E. REBHOLZ DATE 4-15-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	
NAME	REBHOLZ, MARY	1.2 NAME	
STREET ADDRESS	2701 CREEKS EDGE LN	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NAVARRE FL 32566	1.4 CITY-STATE-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	REBHOLZ, MARY	2.2 NAME	
STREET ADDRESS	3853 INDIAN TRAIL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	DESTIN FL	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	
NAME	REBHOLZ, MARY	3.2 NAME	
STREET ADDRESS	2701 CREEKS EDGE LN	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NAVARRE, FL 32566	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *MARY E. REBHOLZ* MARY E. REBHOLZ DATE 4-15-97 DAYTIME PHONE 904 939-3220

CR2E034 (9/96)