FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 APR -3 AM 10:40
SECRETARY OF STATE
TALLAHASSEE

DOCUMENT # P93000058506 (5)

1. Corporation Name
~~ATR FINANCIAL GROUP, INC.~~
Employers 1st Trust Corporation

Principal Place of Business
~~7151 LITHIA-PINECREST ROAD~~
~~LITHIA FL 33547~~

Mailing Address
~~P.O. BOX 625~~
~~LITHIA FL 33547~~

2. Principal Place of Business
21 8951 Bonita Beach Rd
Suite, Apt. #, etc.
22 Ste 297
City & State
23 Bonita Springs FL
Zip 24 33923 County 25 ~~Collier~~ LEE

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 09/25/1995
4. FEI Number: 59-3200188 ☐ 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

9. Name and Address of Current Registered Agent
~~TILLMAN, THOMAS M~~
~~7151 LITHIA-PINECREST ROAD~~
~~LITHIA FL 33547~~

10. Name and Address of New Registered Agent
81 Name Capital Connection INC
82 Street Address (P.O. Box Numbers Not Acceptable) 417 E Virginia St. Ste 1
83 Tallahassee FL
84 City FL 85 Zip Code 32301

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 X [signature] as client representative to Capital Connection 4-3-96
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	P	☐ DELETE
NAME	~~TILLMAN, THOMAS M~~	
STREET ADDRESS	~~7151 LITHIA-PINECREST ROAD~~	
CITY-ST-ZIP	~~LITHIA FL 33547~~	
TITLE	V	☐ DELETE
NAME	~~TILLMAN, PHYLLIS M~~	
STREET ADDRESS	~~7151 LITHIA-PINECREST ROAD~~	
CITY-ST-ZIP	~~LITHIA FL 33547~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	W. Thomas Barrett III	
1.3 STREET ADDRESS	8951 Bonita Beach Rd #297	
1.4 CITY-ST-ZIP	Bonita Springs FL 33923	
2.1 TITLE	V	☐ Change ☐ Addition
2.2 NAME	Robert A. Brady	
2.3 STREET ADDRESS	8951 Bonita Beach Rd #297	
2.4 CITY-ST-ZIP	Bonita Springs FL 33923	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: X W. Thomas Barrett III 4/3/96 941-992-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #