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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P93000058506 (5)

1. Corporation Name
EMPLOYERS 1ST TRUST CORPORATION

Principal Place of Business	Mailing Address
8951 BONITA BEACH RD SUITE 297 BONITA SPRINGS FL 33923	8951 BONITA BEACH RD SUITE 297 BONITA SPRINGS FL 34135-4204

3. Date Incorporated or Qualified: 08/20/1993
3a. Date of Last Report: 04/03/1996

2. Principal Place of Business	2a. Mailing Address
21 1311 N. Westshore Blvd	26 1311 N. Westshore Blvd.
22 Suite, Apt. #, etc. 300	27 Suite, Apt. #, etc. 300
23 City & State Tampa, FL	28 City & State Tampa FL
24 Zip 33607 25 Country USA	29 Zip 33607 30 Country USA

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	10. Name and Address of New Registered Agent
CAPITAL CONNECTION, INC. 417 E VIRGINIA ST SUITE 1 TALLAHASSEE FL 32301	81 Name: MARY Ann Stiles 82 Street Address (P.O. Box Number is Not Acceptable): 315 Plant Avenue 83 84 City: Tampa, FL 85 Zip Code: 33606

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 Ann Stiles Chair of Board — 5/30/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P,D	☐ Change ☒ Addition
NAME	BARRETT, W T		1.2 NAME	Barrett B. Smith	
STREET ADDRESS	8951 BONITA BEACH RD STE 297		1.3 STREET ADDRESS	315 Plant Avenue	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP	Tampa, FL. 33606	
TITLE	V	☒ DELETE	2.1 TITLE	V,D	☐ Change ☒ Addition
NAME	GRADY, ROBERT A		2.2 NAME	John E. McAllister, Jr.	
STREET ADDRESS	8951 BONITA BEACH RD STE 297		2.3 STREET ADDRESS	4017 W. Osborne Street, suite 7	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		2.4 CITY-ST-ZIP	Tampa FL. 33614	
TITLE		☐ DELETE	3.1 TITLE	V,T,S,D	☐ Change ☒ Addition
NAME			3.2 NAME	Thomas M. Tillman	
STREET ADDRESS			3.3 STREET ADDRESS	P.O. Box 205 (3211 Cindy Lynn Pl.)	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Lithia, Fl. 33547	
TITLE		☐ DELETE	4.1 TITLE	C D	☐ Change ☒ Addition
NAME			4.2 NAME	Mary Ann Stiles	
STREET ADDRESS			4.3 STREET ADDRESS	315 Plant Ave.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Tampa, Fl. 33606	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: [signature] 6/18/97 813/289-8988