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Feb 18 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 # P93000074135 (3)

1. Corporation Name
COLUMBIA FINANCIAL COMPANY

Principal Place of Business

1031 W. MORSE BLVD.
SUITE 140
WINTER PARK FL 32789

Mailing Address

1031 W. MORSE BLVD.
SUITE 140
WINTER PARK FL 32789-3736

3. Date Incorporated or Qualified
10/26/1993

3a. Date of Last Report
04/18/1996

4. FEI Number
59-3208597

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

21 108 Park Place Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 108 Park Place Blvd
Suite, Apt. #, etc.

City & State

23 Kissimmee, FL

City & State

28 Kissimmee, FL

Zip

24 34741

Country

25 Osceola

Zip

29 34741

Country

30 Osceola

9. Name and Address of Current Registered Agent

SWANN, HADLEY D P.A.
1031 W. MORSE BLVD
SUITE 270
WINTER PARK FL 32789

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
MCAULIFFE, TERENCE R
STREET ADDRESS
1341 G ST. N.W., STE. 200
CITY-ST-ZIP
WASHINGTON DC 20005

TITLE ☒ DELETE

NAME
D
MCAULIFFE, DOROTHY S
STREET ADDRESS
1341 G ST. N.W., STE. 200
CITY-ST-ZIP
WASHINGTON DC 20005

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 ☐ Change ☒ Addition

1.2 NAME
D
Evans, James
1.3 STREET ADDRESS
Provident Tower, Suite 919
1.4 CITY-ST-ZIP
One East Fourth Street
Cincinnati, OH 45202

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
DP
Miller, Rodger M.
2.3 STREET ADDRESS
Provident Tower, Suite 919
2.4 CITY-ST-ZIP
One East Fourth Street
Cincinnati, OH 45202

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
VPT
Laguardia, John
3.3 STREET ADDRESS
108 Park Place Blvd.
3.4 CITY-ST-ZIP
Kissimmee, FL 34741

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
VPS
Lawson, Betty
4.3 STREET ADDRESS
108 Park Place Blvd.
4.4 CITY-ST-ZIP
Kissimmee, FL 34741

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
VP
Swann, Richard R.
5.3 STREET ADDRESS
1031 W. Morse Blvd.; Suite 270
5.4 CITY-ST-ZIP
Winter Park, FL 32789

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97

Date

(407) 422-5308

Daytime Phone

CR2E034 (9/96)