CORF ANNU	PROFIT PORATION AL REPORT 1996		Sandra Secret	R1MENT OF STATE B Mortham ary of State CORPORATIONS			
	ΛENT #	P94000	0006983 (8)			
,	TAL FIRST HOLI	DINGS, INC.				ERIK NORM MAINE ANNIN MANA ENINI NORMA HALI IN	121
Principal Place	of Business		Mairing Address	······································			
	SH RIDGE TRAIL SEE FL 32312		7118 BEECH RIDGE TALLAHASSEE FL 3				
					3. Date Incorporated or Qualified 01/28/1994	3a. Date of Last Report 03/01/1995	
2. Principal Pla	ce of Business	2	2e. Mailing Address	-A to 1	4. FEI Number 59-3285529	Applied For Not Applicable	
Suite, Apt. #	, elc.		Suite, Apt. #, etc.	***************************************	5. Certificate of Status Desired	\$8.75 Additional	-
22 City & State		2	7] City & State		6. Election Campaign Financing	\$5.00 May Be	\dashv
23 Z _{(D}	Court	trv 2	8 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees	_
24	25	2	9]	30	Florida Statutes X Yes	□No	
· · · · · · · · · · · · · · · · · · ·	9, Name and Add	ress of Current Re	çlistered Agent	81 Name	10. Name and Address of New Ro	egistered Agent	\dashv
	ER, MARK-A	ti		<u> </u>	idress (P.O. Box Number is Not Acceptabl	е)	\dashv
	BEECH RIDGE TRA HASSEE FL 32312			В3			
				84 City		85 Zip Code	-
11. Pursuant to	the provisions of Sec	ctions 607.0502 and	607.1508, Florida Stante	the above named corp	oration submits this statement for the purp	pose of changing its registered office	e l
or registere familiar with	ed agent, or both, in the h, and accept the oblig	ne State of Florida. Si gations of, Section 60	uch change way authorz 07.0505, Florida Stalute	by the corporation's bo	pard of directors. I hereby accept the appo	intment as registered agent. I am	
SIGNATURE _	Signature, typicd or printed harr			Hegirtered Agent signature requ	irud when reinstating)	DATE	
12.	PD	OFFICERS AND DIF	RECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Addition	12/9
NAME	-CONNOR, MA 7118 BEFCH			1.2 NAME	CONNER, MARK A.		034 (12/95)
STREET ADDRESS CITY-ST-ZIP	TALLAHASSEI	THE OLD THE NE		13 STREET ADDRESS 14 CITY-ST-ZIP			CR2E0
TITLE	VD		DELETE	2 1 THILE		Change Addition	_ წ
NAME Street address	-OONNOR, ALI 7118 BEECH			2.2 NAME	CONNER, ALBERT J., J	R.	
CITY-ST-ZIP	TALLAHASSEI			2.3 STREEF ADDRESS 2.4 CITY-ST-ZIP			
TITLE	V Heidenreich	I IAMES E	DELETE	3 1 TITLE		Change Addition	
NAME STREET ADDRESS	7118 BEECH			3.2 NAME 3.3 STREET ADDRESS			
C(TY-ST-ZIP	TALLAHASSEI	E FL 32312		3 4 CITY-SI-ZIP			_
TITLE NAME	SD Deechman,	ANNE E	DEFFELE	4. 1 THLE 4.2 NAME	DECUMAN ANNE E	Thange Addition]
STREET ADDRESS	7118 BEECH	RIDGE TRAIL		4.2 NAME 4.3 STREET ADDRESS	DECHMAN , ANNE F.		
CITY-ST-ZIP	TALLAHASSEI	E FL 32312		4 4 CITY - ST - ZIP			
TITLE NAME	KEEGAN, THE	RESE M	DELETE	5 1 TITLE 52 NAME	40000181	Change Addition	
STREET ADDRESS	7118 BEECH	RIDGE TRAIL		5 3 STREET ADDRESS	-05/08/96010	16030	
CITY - ST - ZIP	TALLAHASSE	E FL 32312	F3 051 514	5 4 CITY-ST-ZIP	***200.00	Pro as a second	
TITLE NAME			☐ DELETE	6 1 TITLE 62 NAME		Change Addition	
STREET ADDRESS				6.3 STREET ADDRESS		1-96	
CITY-ST-ZIP	certify that the inform	ration supplied with	nis filina is valuntarily fum	6 4 CITY-ST-7/P	~~~	•	
codify that	the information indica	ed on this arriual re	or supplemental anni	ual report is true and accurations are supported to execute the execute	y for the exemption stated in Section 119, trate and that my signature shall have the this report as required by Chapter 607, Flo	same lagar effect as if made under irida Statutes: and that my name	
oath; that I	arn an oncer or direct	to, of the comodation	TO THE LECEIVE OF THESE	o omportored to execute i			
oath; that I appears in	am an officer or direct Block 12 or Block 13	if changed, fir or at	in achinient with an addr	ess.	_	<i>)</i>	
oath; that I appears in	URE:	II changed, or on an	reaction with an addr	ess.	April 24, 1996	(904) 668-8500	