SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 8-4-95 B- 80495

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:13

DOCUMENT # P94000051645 (7)

1. Corporation Name

FIRST CHOICE FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
2310 REID STREET PALATKA FL 32177	2310 REID STREET PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21 2565 US 1 SOUTH
Suite, Apt. #, etc. 22
City & State 23 ST AUGUSTINE , FLA
Zip 24 32086 Country 25 USA

2a. Mailing Address
26 3125 CRILL AVE
Suite, Apt. #, etc. 27
City & State 28 PALATKA , FLA
Zip 29 32177 Country 30 USA

4. FEI Number: 59-3256881 ☐ 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

KANOUSE, TIMOTHY H
221 TANNER ROAD
FLORAHOME FL 32635

10. Name and Address of New Registered Agent

81 Name: RYAN S. KRISER
82 Street Address (P.O. Box Number Acceptable): 114 THICKET LANE
83
84 City: PALATKA FL 85 Zip Code: 32177

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 Ryan Kriser RYAN KRISER P/S/T/D 7-27-95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	PSTD ☒ Change ☐ Addition
NAME	KANOUSE, TIMOTHY H	12 NAME	KRISER , RYAN J
STREET ADDRESS	221 TANNER ROAD	13 STREET ADDRESS	114 THICKET LANE
CITY-ST-ZIP	FLORAHOME FL 32635	14 CITY-ST-ZIP	PALATKA , FL 32177
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KRISER, RYAN J	22 NAME	
STREET ADDRESS	114 THICKET LANE	23 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: X Ryan Kriser 7-27-95 904 328-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0184062 FP