

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90034 013 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008805

1. Corporation Name
FUTURE FIRST FINANCIAL GROUP, INC.



Principal Place of Business
**5000 SAWGRASS VILLAGE CIR
23
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**5000 SAWGRASS VILLAGE CIR
23
PONTE VEDRA BEACH FL 32082
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1995

4. FEI Number

59-3296961

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WHITE, CHRISTOPHER A
436 JACKSONVILLE DRIVE
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name
WHITE, CHRISTOPHER A
82 Street Address (P.O. Box Number is Not Acceptable)
814 HIGHWAY A1A
83
SUITE
84 City
PONTE VEDRA BCH FL 85 Zip Code
32082

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 agent 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	STELK, RANDY E.	5000 SAWGRASS VILLAGE CIR, SUITE 23	PONTE BEDRA BEACH FL	<input type="checkbox"/>
V	SWEENEY, WILLIAM F	5000 SAWGRASS VILLAGE CIR, SUITE 23	PONTE VEDRA BEACH FL	<input type="checkbox"/>
TS	ANDERSON, ALAN H.	5000 SWGRASS VILLAGE CIR SUITE 23	PONTE VEDRA BEACH FL	<input type="checkbox"/>
D	KEAVENEY, FRANCIS X.	5000 SAWGRASS VILLAGE CIR, SUITE 23	PONTE VEDRA BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 **904-285-8900**
Daytime Phone #

CR2E034 (11/98)