

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90246 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT #P95000023557**

1. Corporation Name  
**FIRST BANKSHARES, INC.**



Principal Place of Business  
2160 HWY 434 W  
LONGWOOD FL 32779

Mailing Address  
2160 HWY 434 W  
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

3. Date Incorporated or Qualified

03/22/1995

4. FEI Number

59-3368752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

STAGER, ALAN N.  
2160 HWY 434 W  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name **CHARLES W. HALL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2160 HWY 434 W**  
83  
84 City **LONGWOOD** FL 85 Zip Code **32779**

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

*Charles W. Hall* **CHARLES W. HALL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/99**

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE  
NAME **COTTON, HUGH**  
STREET ADDRESS **2160 HWY 434 W**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **S** ☒ DELETE  
NAME **STAGER, ALAN N.**  
STREET ADDRESS **2160 HWY 434 WEST**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE  
NAME **KICKMAN, ANDRE**  
STREET ADDRESS **2160 HWY 434 W**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ DELETE  
NAME **MILLS, RUSSELL**  
STREET ADDRESS **2160 HWY 434 W**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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 **CD** ☐ Change ☒ Addition  
1.2 NAME **MILLS, RUSSELL**  
1.3 STREET ADDRESS **2160 HWY 434 WEST**  
1.4 CITY-ST-ZIP **LONGWOOD, FL 32779**

2.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
2.2 NAME **CHARLES W. HALL**  
2.3 STREET ADDRESS **2160 HWY 434 W.**  
2.4 CITY-ST-ZIP **LONGWOOD, FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **HICKMAN, ANDRE**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **PERM PATEL**  
4.3 STREET ADDRESS **ROXBURGHE HOUSE, 273-287 ROBERT ST**  
4.4 CITY-ST-ZIP **LONDON W1R 7PB UNITED KINGDOM**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Charles W. Hall* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/99**  
Date

**407-786-9058**  
Daytime Phone #

CR2E034 (11/98)