

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		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1995	
21	26	4. FEI Number 59-3368752		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 State FL
86 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** DATE: **4/29/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD	<input checked="" type="checkbox"/> DELETE
NAME COTTON, HUGH	
STREET ADDRESS 2160 HWY 434 W	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME STAGER, ALAN N.	
STREET ADDRESS 2160 HWY 434 WEST	
CITY-ST-ZIP LONGWOOD FL	
TITLE D	<input type="checkbox"/> DELETE
NAME KICKMAN, ANDRE	
STREET ADDRESS 2160 HWY 434 W	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MILLS, RUSSELL	
STREET ADDRESS 2160 HWY 434 W	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME HICKMAN, ANDRE	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** DATE: **4/29/99** DAYTIME PHONE #: **407-786-9058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)