Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90119 013 \*\*\*150.00

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FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000029313

1. Corporation Name

REGIONAL FINANCIAL CORPORATION

}								
Principal Place of Business Mailing Address					i idesides (se seiel ariti antil dein geni anni		1000 (11) (40)	
1 0200 11.0		3233 THOMASVILLE ROAD						
TALLAHASSEE	FL 32312	Tallahassee FL 32312 US	LAHASSEE FL 32312		DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE		
US US			ļ		3. Date Incorporated or Qualifed			
					04/13/1995			
2. Principal Pl	2a. Mailing Address	ailing Address		4. FEI Number	App	lied For		
21		26		59-3310901	Not	Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		
22		27				Fee Rec	·	
City & State		City & State		6. Election Campaign Financing	**************************************			
Zip Country		Zip Country		Trust Fund Contribution		1 663		
Zip	25	L- '-	30		This corporation owes the current year li     Personal Property Tax.		□No	
24	9. Name and Address of Current Registered Agent		1		10. Name and Address of New Registere	d Agent		
i			81	Name				
MOORE, EDGAR M			82	Street	Address (P.O. Box Number is Not Acceptable)			
	THOMASVILLE ROAD		"	- Direct	Address (F.O. Box Hallison to Not Needshirt)			
TALLAHASSEE FL 32312			83	3	***			
			84	City		85 Zip C	ode	
			i	,		Lll	<del></del>	
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								
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.							i .	
SIGNATURE	The state of the s				required when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref  12. OFFICERS AND DIRECTORS			13.	ant signature	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12	
TITLE	CD DELETE		1.1 TITLE			☐ Change	Addition .	
NAME	DEISON, ROBERT		1.2 NAME					
STREET ADDRESS	3233 THOMASVILLE ROAD		1.3 STREE	T ADDRESS	,[			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-	ST-ZIP				
TITLE	PD	☐ DELETE	2.1 71TLE			☐ Change	Addition	
NAME	MOORE, EDGAR M		2.2 NAME			,		
STREET ADDRESS	3233 THOMASVILLE ROAD	,	2.3 STREE	TADDRESS	i <u>l</u>			
CITY-ST-ZIP	TALLAHASSEE FL	- □ DELETE	2.4 CITY-	ST-ZIP	<u> </u>	(V) Change	☐ Addition	
TITLE "	CVELTON DENCON LID	- Direction	31 TITLE 32 NAME		VPD	[6] Girougo .		
NAME	SKELTON, BENSON L JR		l	ET ADDRESS	Skelton, Benson L., Jr.			
STREET ADDRESS	1320 THOMASWOOD DR TALLAHASSEE FL				1320 Hondowood Dilve			
CITY-ST-ZIP	#8	☐ DELĒTE	3.4. CITY-ST-ZIP 4.1 TITLE		Tallahassee, FL 32312	Change	Addition	
NAME	ERNEST D. KORST, JR.		4. 2 NAME					
STREET ADDRESS	3233-THOMASVILLE ROAD			TADDRESS	E. Latrelle Hobby 3233 Thomasville Road			
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-	ST-ZIP	Tallahassee, FL 32312			
TITLE	·T,	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	WILLIAMS, DENISE L	;	5.2 NAME					
STREET ADDRESS	SESS SESS THOMASVILLE HOAD			ET ADDRESS	<b>'</b>		/	
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-				/_	
TILE		☐ DELETE	6.1 TITLE		S	Change	Addition	

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 bother 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.

6.3 STREET ADDRESS

NAME

STREET ADDRESS C/TY-ST-ZIP

> REdgar M. Moore OF SIGNING OFFICER OR DIRECTOR

<u>4/13/99</u>

William T. Mattice

3233 Thomasville Road