

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000030818 (5)

1. Corporation Name

FIRST FINANCE OF SUWANNEE COUNTY, INC.

Principal Place of Business

RT. 8 BOX 308
FALMOUTH FL 32060

Mailing Address

RT. 8 BOX 308
FALMOUTH FL 32060



3. Date Incorporated or Qualified

04/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 316 NORTH OHIO AVENUE

26 P.O. Box 980

4. FEI Number

59-336-7090

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 LIVE OAK FL

28 LIVE OAK FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32060

25 US

29 32060

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAUNCEY, ANTHONY W
RT. 8 BOX 308
FALMOUTH FL 32060

81 Name

CHAUNCEY, ANTHONY W

82 Street Address (P.O. Box Number is Not Acceptable)

RT. 7 Box 361

83

84 City

FALMOUTH

FL

85 Zip Code

32060

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 ANTHONY CHAUNCEY PRESIDENT

Anthony Chauncey

3/19/96

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

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANTHONY CHAUNCEY	
1.3 STREET ADDRESS	RT. 7 BOX 361	
1.4 CITY-ST-ZIP	FALMOUTH FL 32060	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEE VAN-QUEN CHAUNCEY	
2.3 STREET ADDRESS	RT. 7 BOX 361	
2.4 CITY-ST-ZIP	FALMOUTH FL 32060	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAUL B. CHAUNCEY JR.	
3.3 STREET ADDRESS	RT. 7 BOX 361	
3.4 CITY-ST-ZIP	FALMOUTH FL 32060	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANTHONY CHAUNCEY	
4.3 STREET ADDRESS	RT. 7 BOX 361	
4.4 CITY-ST-ZIP	FALMOUTH FL 32060	
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 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)(k), 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: ANTHONY CHAUNCEY Anthony Chauncey 3/19/96 RT. 7 BOX 361 32060-2938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)