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 # **P95000039191 (8)**

1. Corporation Name

NATIONS FINANCIAL GROUP INC

Principal Place of Business	Mailing Address
2128 MCCORMICK RD SOUTHPORT FL 32409	2128 MCCORMICK RD SOUTHPORT FL 32409

3. Date Incorporated or Qualified: 05/15/1995

3a. Date of Last Report:

4. FEI Number: 59-3300592 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 949 JENKS AVE
Suite, Apt. #, etc.
22 SUITE A6
City & State
23 PANAMA CITY FL
Zip 24 32401 Country 25 USA

2a. Mailing Address
26 P.O. BOX 8127
Suite, Apt. #, etc.
27
City & State
28 SOUTHPORT FL
Zip 29 32409 Country 30 USA

9. Name and Address of Current Registered Agent

MCCONNELL, JAMES W
2128 MCCORMICK RD
SOUTHPORT FL 32409

10. Name and Address of New Registered Agent

81 Name: MCCONNELL JAMES W.
82 Street Address (P.O. Box Number is Not Acceptable): 2128 MCCORMICK RD
83
84 City: SOUTHPORT FL 85 FL Zip Code: 32409

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: JAMES W. MCCONNELL PRESIDENT 20 APR 96
(Signature of Registered Agent) (Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TREASURER/SECRETARY ☒ DELETE	1.1 TITLE	TREASURER/SECRETARY ☐ Change ☒ Addition
NAME	TERESA L. MCCONNELL	1.2 NAME	KENNETH D. KEELER
STREET ADDRESS	2128 MCCORMICK RD	1.3 STREET ADDRESS	241 ATTU
CITY-ST-ZIP	SOUTHPORT FL 32409	1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32413
TITLE	☐ DELETE	2.1 TITLE	JAMES W. MCCONNELL PRESIDENT ☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2128 MCCORMICK RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SOUTHPORT FL 32409
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(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.

SIGNATURE: JAMES W. MCCONNELL PRESIDENT 20 APR 96 769-5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #