

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

APPROVED
AND
FILED

96 JAN 24 PM 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072822 (6)

1. Corporation Name

FIRST NATIONAL CREDIT OF LIVE OAK, INC.



Principal Place of Business

Mailing Address

506 SOUTH OHIO AVE.
LIVE OAK FL 32060

506 SOUTH OHIO AVE
LIVE OAK FL 32060

3. Date Incorporated or Qualified

09/18/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 P.O. Drawer W

22 City & State

27 Suite, Apt. #, etc.
28 City & State
Live Oak, Fl.

23 Zip

Country

29 Zip

Country

32060

30 Suwannee

4. FEI Number

59-3340502

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAPPS, JAMES M
506 SOUTH OHIO AVE.
LIVE OAK FL 32060

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CRAPPS, JAMES M
STREET ADDRESS PO DRAWER W
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 D/P ☒ Change ☐ Addition
1.2 NAME Crapps, James M.
1.3 STREET ADDRESS P.O. Drawer W
1.4 CITY-ST-ZIP Live Oak, Fl. 32060

2.1 TITLE V/S ☐ Change ☒ Addition
2.2 NAME Fletcher, Marsha D.
2.3 STREET ADDRESS 1516 Jean Avenue
2.4 CITY-ST-ZIP Live Oak, Fl. 32060

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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: *Marsha D. Fletcher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 904-362-6099
Date Daytime Phone #

CR2E034 (12/95)