FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Jul 18 1997 8:00am
Secretary of State

DOCUMENT # P96000017600

1. Corporation Name
FNB Finance Company

Principal Place of Business: 988 Cypress Woods Drive, Naples, Florida 33940

Mailing Address: Same

3. Date Incorporated or Qualified: 2/26/1996

3a. Date of Last Report: N/A

2. Principal Place of Business
21 3838 TAMIAMI TRAIL NORTH
Suite, Apt. #, etc.
22 #201
City & State
23 NAPLES, FLORIDA
Zip 24 34103 Country 25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number 65-0643271 ☐ 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
Valdes-Fauli Corporate Services, Inc.
777 South Flagler Drive
Suite 500 East
West Palm Beach, Florida 33401

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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	P/D	☐ DELETE
NAME	Jerry J. Williams	
STREET ADDRESS	988 Cypress Woods Drive	
CITY-ST-ZIP	Naples, Florida 33940	
TITLE	S	☐ DELETE
NAME	William E. Meyers	
STREET ADDRESS	988 Cypress Woods Drive	
CITY-ST-ZIP	Naples, Florida 33940	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	3838 TAMIAMI TRAIL NORTH, #201	
1.4 CITY-ST-ZIP	NAPLES, FLORIDA 34103	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3838 TAMIAMI TRAIL NORTH #201	
2.4 CITY-ST-ZIP	NAPLES, FLORIDA 34103	
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		PE 7.18
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		900002242329
6.3 STREET ADDRESS		-07/21/97--01012--018
6.4 CITY-ST-ZIP		***550.00

CR2E034 (9/96)

14. I do 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.

SIGNATURE: William E. Meyers 7/15/97 941-261-4262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #