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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000085733 (9)**

1. Corporation Name
FINANCIAL SERVICES OF N.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
1020 EAST JOHN SIMS PARKWAY NICEVILLE FL 32578	1020 EAST JOHN SIMS PARKWAY NICEVILLE FL 32578-2202

3. Date Incorporated or Qualified: **10/15/1996** | 3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

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

4. FEI Number: 59-3410363 ☐ 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

POWELL, JAMES W
1020 EAST JOHN SIMS PARKWAY
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DYE, DEBORAH P 2824 EDGEWATER DRIVE NICEVILLE FL 32578	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition C/D DYE, DEBORAH P 2824 EDGEWATER DRIVE NICEVILLE FL 32578
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SPENCE, WALLACE F 1405-A BAYSHORE DRIVE NICEVILLE FL 32578	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D SPENCE, WALLACE F 1405-A BAYSHORE DRIVE NICEVILLE FL 32578
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD POWELL, JAMES W 642 SAILBOAT DRIVE NICEVILLE FL 32578	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOYD, MICHAEL R 114 REDWOOD AVENUE NICEVILLE FL 32578	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition P LAMBERSON, R. ROSS 827 TURNBERRY COVE S NICEVILLE FL 32578
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, EUGENE 8 PANDORA DRIVE CRESTVIEW FL 32536	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, THOMAS J JR 620 NELSON POINT ROAD NICEVILLE FL 32578	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ R. ROSS LAMBERSON 04/25/97 (904) 729-8866