


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000085733 (9)**

1. Corporation Name

FINANCIAL SERVICES OF N.W. FLORIDA, INC.

Principal Place of Business
**1020 EAST JOHN SIMS PARKWAY
NICEVILLE FL 32578**

Mailing Address
**1020 EAST JOHN SIMS PARKWAY
NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

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 **CD** ☐ DELETE
NAME **DYE, DEBORAH P**
STREET ADDRESS **2824 EDGEWATER DRIVE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **D** ☐ DELETE
NAME **SPENCE, WALLACE F**
STREET ADDRESS **1405-A BAYSHORE DRIVE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **STD** ☐ DELETE
NAME **POWELL, JAMES W**
STREET ADDRESS **642 SAILBOAT DRIVE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ DELETE
NAME **FLOYD, MICHAEL R**
STREET ADDRESS **114 REDWOOD AVENUE**
CITY-ST-ZIP **NICEVILLE FL**

TITLE **D** ☐ DELETE
NAME **MOORE, EUGENE**
STREET ADDRESS **8 PANDORA DRIVE**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **D** ☐ DELETE
NAME **POWELL, THOMAS J JR**
STREET ADDRESS **620 NELSON POINT ROAD**
CITY-ST-ZIP **NICEVILLE FL 32578**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P.** ☐ Change ☒ Addition
1.2 NAME **R, Ross Lamberson**
1.3 STREET ADDRESS **827 Turnberry Cove South**
1.4 CITY-ST-ZIP **Niceville, FL 32578**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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, 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** 2/16/98 (860) 229-8866

CP2E034 (10/97)