

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90006 002 ***550.00

DOCUMENT # **P96000085733**

Corporation Name

FINANCIAL SERVICES OF N.W. FLORIDA, INC.

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

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3410363	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29	30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
POWELL, JAMES W 1020 EAST JOHN SIMS PARKWAY NICEVILLE FL 32578				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	DYE, DEBORAH P	1.2 NAME	
REET ADDRESS	2824 EDGEWATER DRIVE	1.3 STREET ADDRESS	
Y-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	SPENCE, WALLACE F	2.2 NAME	
REET ADDRESS	1405-A BAYSHORE DRIVE	2.3 STREET ADDRESS	
Y-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	
LE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	POWELL, JAMES W	3.2 NAME	
REET ADDRESS	642 SAILBOAT DRIVE	3.3 STREET ADDRESS	
Y-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	FLOYD, MICHAEL R	4.2 NAME	
REET ADDRESS	114 REDWOOD AVENUE	4.3 STREET ADDRESS	
Y-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	MOORE, EUGENE	5.2 NAME	
REET ADDRESS	8 PANDORA DRIVE	5.3 STREET ADDRESS	
Y-ST-ZIP	CRESTVIEW FL 32536	5.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VE	POWELL, THOMAS J JR	6.2 NAME	
REET ADDRESS	620 NELSON POINT ROAD	6.3 STREET ADDRESS	
Y-ST-ZIP	NICEVILLE FL 32578	6.4 CITY-ST-ZIP	

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 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:

Deborah P. Dye

7/6/99

CR2E034 (5/99)

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