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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000052491 (2)

1. Corporation Name

FIRST FEDERAL FINANCIAL SERVICES CORPORATION

Principal Place of Business

Mailing Address

604 SOUTH OHIO AVENUE
LIVE OAK FL 32060

POST OFFICE DRAWER Q
LIVE OAK FL 32064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

59-3459411

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKER, ANDREW J III
320 WHITE AVENUE
LIVE OAK FL 32060

81. Name

Keith C. Leibfried

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

804 South Ohio Avenue

83.

84. City

Live Oak

FL

85. Zip Code
32060

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

Keith C. Leibfried, President

1-7-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME DECKER, ANDREW J III
STREET ADDRESS 320 WHITE AVENUE
CITY-ST-ZIP LIVE OAK FL 32060

11. TITLE President/Director ☐ Change ☒ Addition
12. NAME Keith C. Leibfried
13. STREET ADDRESS 326 Westmoreland
14. CITY-ST-ZIP Live Oak, FL 32060

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1. TITLE Director ☐ Change ☒ Addition
2.2. NAME Philip J Moses, Jr
2.3. STREET ADDRESS 1005 Evergreen
2.4. CITY-ST-ZIP Lake City, FL 32025

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1. TITLE Director ☐ Change ☒ Addition
3.2. NAME Duke McCallister, Jr.
3.3. STREET ADDRESS 301 11th Street
3.4. CITY-ST-ZIP Live Oak, FL 32060

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1. TITLE Director ☐ Change ☒ Addition
4.2. NAME Stephen Smith
4.3. STREET ADDRESS 102 Harrison Lake DR
4.4. CITY-ST-ZIP Lake City FL 32055

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1. TITLE Director ☐ Change ☒ Addition
5.2. NAME John H McCormick
5.3. STREET ADDRESS Cor 2nd & 3rd Ave NW
5.4. CITY-ST-ZIP Jasper, FL 32052

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1. TITLE Director ☐ Change ☒ Addition
6.2. NAME Robert F McGranahan
6.3. STREET ADDRESS 10709 184th Street
6.4. CITY-ST-ZIP McAlpin, FL 32062

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 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:

Keith C. Leibfried, President 1-7-98 904-362-3432

CR2E034 (10/97)