

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90140 005 ***150.00

DOCUMENT # P97000052491

1. Corporation Name

FIRST FEDERAL FINANCIAL SERVICES CORPORATION

Principal Place of Business

804 SOUTH OHIO AVENUE
LIVE OAK FL 32060

Mailing Address

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-
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

LEIBFRIED, KEITH C
804 SOUTH OHIO AVENUE
LIVE OAK FL 32060

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 PD ☐ DELETE

NAME KEITH C LEIBFRIED
STREET ADDRESS 326 WESTMORE LAND
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME PHILIP J MOSES JR
STREET ADDRESS 1005 EVERGREEN
CITY-ST-ZIP LAKE CITY FL 32025

TITLE D ☒ DELETE

NAME DUKE MCCALLISTER JR
STREET ADDRESS 301 11TH ST
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME STEPHEN SMITH
STREET ADDRESS 102 HARRISON LAKE DR
CITY-ST-ZIP LAKE CITY FL 32055

TITLE D ☐ DELETE

NAME JOHN H MCCORMICK
STREET ADDRESS COR 2ND & 3RD AVE NW
CITY-ST-ZIP JASPER FL 32052

TITLE D ☐ DELETE

NAME ROBERT F MCGRANAHAM
STREET ADDRESS 10709 184TH ST
CITY-ST-ZIP MCALPIN FL 32062

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CEO/Chairman of the Board
Keith C. Leibfried

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P/S/T

Philip J. Moses, Jr.

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

904-362-3433

Date

Daytime Phone #

CR2E034 (11/98)