

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

DOCUMENT # P98000096534

1. Corporation Name

CAPITAL FIRST FINANCIAL CO.

Principal Place of Business

995 NORTH STATE ROAD 434
SUITE 2728
ALTAMONTE SPRINGS FL 32714

Mailing Address

995 NORTH STATE ROAD 434
SUITE 2728
ALTAMONTE SPRINGS FL 32714

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

05-04-1999 90100 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1998

2. Principal Place of Business

21 380 Semoran Commerce Place

Suite, Apt. #, etc.

22 A5103

City & State

23 Apopka, Florida

Zip Country

24 32703

25 U.S.A.

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27 same

City & State

28 same

Zip Country

29 same

30 same

4. FEI Number

59-3544155

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

9. Name and Address of Current Registered Agent

CLARKE, TRACY
995 NORTH STATE ROAD 434
SUITE 2728
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Tracy Helms-Clarke

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

380 Semoran Commerce Place

83

Suite A 103

84 City

Apopka

FL

85 Zip Code
32703

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

Tracy Helms-Clarke

Tracy Helms-Clarke

Secretary

April 12, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CLARKE, MARK W
STREET ADDRESS 995 NORTH STATE ROAD 434, SUITE 2728
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ DELETE

NAME CLARKE, TRACY
STREET ADDRESS 995 NORTH STATE ROAD 434, SUITE 2728
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

Mark W. Clarke

1.3 STREET ADDRESS

380 Semoran Commerce Place Ste.

1.4 CITY-ST-ZIP

Apopka, FL 32703 A 103

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

Tracy Helms-Clarke

2.3 STREET ADDRESS

380 Semoran Commerce Place Ste.

2.4 CITY-ST-ZIP

Apopka, FL 32703 A 103

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 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:

REQUIRED

April 12, 1999

407-886-1533

Date

Daytime Phone #

CR2E034 (1/98)