

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90371 007 ***150.00

FORM 900 4/01

DOCUMENT # P99000005375

1. Entity Name
FIRST HORIZON FINANCIAL CORP.

Principal Place of Business
3782 HWY. 90
PACE FL 32571

Mailing Address
3782 HWY. 90
PACE FL 32571

DUU76043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1331 Creighton Rd

3. Mailing Address
1331 Creighton Rd

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.
Suite A

City & State
Pensacola, Florida

City & State
Pensacola, Florida

4. FEI Number
65-0888677

Applied For
 Not Applicable

Zip
32504

Country
Escambia

Zip
32504

Country
Escambia

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLOYD, EDWARD R
3820 COLONIAL BLVD
SUITE 104
FORT MYERS FL 33912

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FLOYD, EDWARD R	422 SEAWORTHY ROAD	FORT MYERS FL 33903	<input type="checkbox"/>
VP	YOUNG, DORETHEA	3828 SABERTOOTH CIRCLE	GULF BREEZE FL 32561	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/S/T/D	Floyd, Edward R	422 Seaworthy Rd.	Fort Myers, Fl. 33903	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	Young, Dorethea	3828 Sabertooth Cir	Gulf Breeze, Fl. 32561	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Jordan, Tom	7113 Clydesdale Dr.	Pensacola, Fl. 32507	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Hayes, Paul	4581 Terrasanta	Pensacola, Fl. 32504	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other I/we empowered.

SIGNATURE: Edward Bay Floyd Date: 4-11-02 Daytime Phone #: 941 277-9244

CP2E034 (9/01)