

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **SS3480**  
1. Corporation Name  
**FIRST CITY FINANCIAL GROUP, INC.**

Principal Place of Business <b>6511 NORTH "W". ST. PENSACOLA, FL. 32505</b>	Mailing Address <b>6511 NORTH "W". ST. PENSACOLA, FL. 32505</b>
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2. Principal Place of Business 21 <b>6511 NORTH "W". ST.</b> 22 City & State 23 <b>PENSACOLA, FL</b> 24 <b>32505</b>	2a. Mailing Address 26 <b>6511 NORTH "W". ST.</b> 27 City & State 28 <b>PENSACOLA, FL</b> 29 <b>32505</b>	3. Date Incorporated or Qualified <b>5/20/91</b>	3a. Date of Last Report <b>06/01/95</b>	4. FEI Number <b>59-3065588</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**ADCOX, GERALD W., JR.  
6511 NORTH "W". ST.  
PENSACOLA, FL. 32505**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6511 NORTH "W". ST.</b>
83	
84 City	<b>PENSACOLA</b>
85 Zip Code	<b>FL 32505</b>

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 607.0015, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-10-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD</b>	1.2 NAME	
STREET ADDRESS	<b>ADCOX, GERALD W., JR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>3103 BRITTANY TRACE</b>	1.4 CITY - ST - ZIP	
	<b>PENSACOLA, FL.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	<b>SD</b>	2.3 STREET ADDRESS	
STREET ADDRESS	<b>ADCOX, VICTORIA H</b>	2.4 CITY - ST - ZIP	
CITY - ST - ZIP	<b>3103 BRITTANY TRACE,</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>PENSACOLA, FL.</b>	3.2 NAME	
3.1 TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME	<b>VT</b>	3.4 CITY - ST - ZIP	
STREET ADDRESS	<b>RENTSCHLER, PETER F.</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP	<b>4103 BRITTANY PLACE</b>	4.2 NAME	
	<b>PENSACOLA, FL.</b>	4.3 STREET ADDRESS	
4.1 TITLE	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
5.1 TITLE	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
6.1 TITLE	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	
NAME		<b>800002190428</b> <b>-05/23/97--01123--031</b> <b>***165.00</b>	
CITY - ST - ZIP		<b>CS</b> <b>5/14/97</b>	

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 is a true and accurate copy of the annual report or supplemental annual report 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 13 or Block 14, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/97

Date

Daytime Phone #

CR2E034 (9/96)