FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S81700** **(4)**

1. Corporation Name
FIDELITY FIRST FINANCIAL CORPORATION, INC.

Principal Place of Business	Mailing Address
1125 U.S. HWY 98 SOUTH SUITE 200 LAKELAND FL 33801	P.O. BOX 6780 LAKELAND FL 33807

3. Date Incorporated or Qualified: 09/18/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 P.O. Box 7177
27 Suite, Apt. #, etc.
28 City & State: Lakeland FL
29 Zip: 33807
30 Country: USA

4. FEI Number: 59-3060501 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILBRATH, L. MICHAEL
1301 N.E. 14TH STREET
OCALA FL 34470

Deceased

10. Name and Address of New Registered Agent

81 Name: Ronald T. Murphy
82 Street Address (P.O. Box Number is Not Acceptable): 5015 S. Fla. Ave.
83 Suite 400 A
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Section 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] (NOTE: Registered Agent signature required when reinstating) DATE: 1-30-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEE, CLIFFORD G. JR.	
STREET ADDRESS	~~5015 SOUTH FLORIDA AVENUE~~	
CITY-ST-ZIP	LAKELAND FL ~~33813~~	
TITLE	SD	☐ DELETE
NAME	HAASER, HAROLD F	
STREET ADDRESS	~~1198~~ US HWY 98 SOUTH, SUITE 200	
CITY-ST-ZIP	LAKELAND FL 33801	
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		
1.3 STREET ADDRESS	1125 US Hwy 98 South #200	
1.4 CITY-ST-ZIP	Lakeland FL 33801	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1125 US Hwy 98 South #200	
2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Secretary 1/31/96 (941) 682-7298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harold F. Haaser