Mar 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$81700

| | FIRST FINANCIAL CORP | | | | | | | | |
|---|--|--|------------------------------|------------------------|---------------------------|---|-----------------|-------|-------------------|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 145 HORIZON (| CT | | CE BOX 7177 | | | | | | |
| GUITE 200 LAKELAND FL 33807 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| LAKELAND FL 33813 US US | | | | | | 3. Date Incorporated or Qualifed | | | |
| 08 | | | | | | 09/18/1991 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing | Address | | | 4. FEI Number | · L | App | lied For |
| 145 HORIZON CT 26 | | | | | | 59-3080501 | | Not | Applicable |
| Suite, Apt. #, etc. Suite, | | | te, Apt. #, etc. | | | 5. Certifcate of Status Desired | J | | dditional |
| 22 27 | | | | | | 5. Certificate of Status Desired Fee Required | | | |
| City & State City & State City City | | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country | Zip | | Cou | ntry | 8. This corporation owes the current | vear Intangible | , | |
| ₂₄ ਤੋਂ 3 ਣ | | 29 | ſ | 30 | | Personal Property Tax. | X Ye | | □No. |
| <u> </u> | 9. Name and Address of Curre | | | | | 10. Name and Address of New Regi | stered Agent | | |
| 11. Pursuant office or reagent. I all | S FLORIDA AVENUE E 310 ELAND FL 33813 to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the objections Signature, proofer pringled name of registered agent. | e of Florida. Such ations of, Section | change was au 6/7.05/95, Por | itnorized ida Statu | 82 Street And 83 84 C: | poration submits this statement for the purple on's board of directors. I hereby accept the | SATE / 9 | 9 | |
| 12. | OFFICERS A | ND, DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIR | ECTOR | RS IN 12 |
| TITLE | PD | | DELETE | 1.1 TITLE | | | □ ch | iange | Addition Addition |
| NAME | LEE, CLIFFORD G. JR. | | | 1.2 NA | ME | • | | | |
| STREET ADDRESS | 723 NORSOTA WAY | | | 13 ST | REET ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA FL 34242 | | | 1.4 CITY-ST-ZIP | | • , | • | | |
| TITLE | S | | DELETE | 2.1 TITLE | | | Ch | ange | ☐ Addition |
| NAME | LEE, CLIFFORD G | | | 2.2 NAME | | • | - | | |
| | 723 NORSOTA WAY | | | 2.3 STREET ADDRESS | | | | | |
| STREET ADDRESS | SARASOTA FL 34242 | | | 2.4 CITY-ST-ZIP | | | | | |
| CITY-ST-ZIP | JARASUTA FL 34242 | | □ DELETE | 3.1 TITLE | | <u> </u> | □ Ch | nange | Addition |
| TITLE | | | ر الدداد | 1 | } | | , , | • | _ |
| NAME | | | | 3.2 NA | ľ | | | | |
| STREET ADDRESS | | | | 1 | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | _ | ry-ST-ZIP | | | | C Addition |
| TITLE | | | DELETE | 4.1 TIT | LE | | □ Ch | ange | Addition |
| NAME | | | | 4, 2 N/ | ME | | | | |

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

5170TLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

Change

☐ Addition

☐ Addition

CR2E034 (11/98)