FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:00

DOCUMENT # **S91950** **(3)**

1. Corporation Name
FIRST WESTERN CORPORATION

Principal Place of Business	Mailing Address
1411-1 SOUTHEAST 47TH STREET CAPE CORAL FL 33904	1411-1 SOUTHEAST 47TH STREET CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/04/1991
3a. Date of Last Report: 01/21/1994

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

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0296720 ☐ 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

MASON, PAUL J.
1411-1 SOUTHEAST 47TH STREET
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

(31) Name
(32) Street Address (P.O. Box Number is Not Acceptable)
(33)
(34) City **FL** (35) Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	MASON, PAUL J.	1.2 NAME	MASON, PAUL J.	
STREET ADDRESS	1411-1 SOUTHEAST 47TH ST	1.3 STREET ADDRESS	1411-1 S.E. 47th Street	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MASON, PAUL J.	2.2 NAME		
STREET ADDRESS	1411-1 SOUTHEAST 47TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	S	☐ Change ☒ Addition
NAME		3.2 NAME	MASON, GAIL B.	
STREET ADDRESS		3.3 STREET ADDRESS	1411-1 S.E. 47th Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	MASON, GAIL B.	
STREET ADDRESS		4.3 STREET ADDRESS	1411-1 S.E. 47th Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	MASON, KIRK A.	
STREET ADDRESS		5.3 STREET ADDRESS	1411-1 S.E. 47th Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	MASON, KELLY J.	
STREET ADDRESS		6.3 STREET ADDRESS	1411-1 S.E. 47th Street	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	

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: _____ 3-6-95 813-549-3575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL J. MASON, PRESIDENT

0440748 FP