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

APPROVED AND FILED
95 MAR 16 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V01774 (1)

1. Corporation Name
PURITY FINANCIAL CORP.

Principal Place of Business	Mailing Address
% JOHN BERTWATSON 774 S.R. 13, SUITE 11 ~~MANDARIN FL 32259~~ JACKSONVILE, FL 32259	% JOHN BERTWATSON 774 S.R. 13, SUITE 11 ~~MANDARIN FL XXXXX~~ JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/12/1991
3a. Date of Last Report: 05/13/1994
4. FEI Number: 59-3084815 — 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

WATSON, JOHN BERT
774 S.R. 13
SUITE 11
~~MANDARIN FL 32259~~ JACKSONVILLE, FL 32259

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, JOHN BERT	1.2 NAME	
STREET ADDRESS	1164 NATURES HAMMOCK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	D/CEO [X] Change ☐ Addition
NAME	WATSON, MARILEE	2.2 NAME	R. M. HOWARD
STREET ADDRESS	1164 NATURES HAMMOCK RD.S.	2.3 STREET ADDRESS	7001 CHARLOTTE OAKS DR S
CITY-ST-ZIP	JACKSONVILLE FL 32259	2.4 CITY-ST-ZIP	MOBILE, AL
TITLE	D	3.1 TITLE	D/VP [X] Change ☐ Addition
NAME	GREGORY, C. WAYNE	3.2 NAME	W. R. SAMPLES
STREET ADDRESS	878 CARTER GROVE RD.	3.3 STREET ADDRESS	7340 CHERYL COURT
CITY-ST-ZIP	TONEY AL	3.4 CITY-ST-ZIP	MOBILE, AL
TITLE	D	4.1 TITLE	S/T [X] Change ☐ Addition
NAME	GODWIN, JAMES T	4.2 NAME	SHEREE L. EDDIE
STREET ADDRESS	1667 SEAOATS DR.	4.3 STREET ADDRESS	8560 OLD PLANK ROAD
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	4.4 CITY-ST-ZIP	JACKSONVILLE, FL
TITLE		5.1 TITLE	ASST. SECRETARY ☐ Change [X] Addition
NAME		5.2 NAME	LARRY W. HUGHES
STREET ADDRESS		5.3 STREET ADDRESS	117 DUNBAR LOOP
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DAPHNE, AL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Larry W. Hughes — MARCH 9, 1995 — 334/470-6480
Signature and typed or printed name of signing officer or director: LARRY W. HUGHES, ASSISTANT SECRETARY
Date / Daytime Phone #

0025026 CP