

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90037 045 ***150.00

DOCUMENT # V08733

1. Corporation Name

PROVIDENT FIRST, INC.

Principal Place of Business
9230 KNOLL CREST LOOP
AUSTIN TX 75759

Mailing Address
9230 KNOLL CREST LOOP
AUSTIN TX 75759



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 01/23/1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3090756 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 | | 29 | | 8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 | | 30 | | Trust Fund Contribution | |
| | | | | 5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| | | | | Yes No | |

9. Name and Address of Current Registered Agent

SNYDER, ERIK L.
10543 OTTER CREEK DR.
JACKSONVILLE FL 32222

10. Name and Address of New Registered Agent

81 Name SNYDER, ERIK L.
82 Street Address (P.O. Box Number is Not Acceptable)
1170 BAYVIEW LANE
83
84 City GULF BREEZE FL 85 Zip Code 32561

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 | VT | 1.1 TITLE | |
| NAME | SNYDER, ERIK L. | 1.2 NAME | |
| STREET ADDRESS | 1170 BAYVIEW LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GULF BREEZE FL 32561 | 1.4 CITY-ST-ZIP | |
| TITLE | PS | 2.1 TITLE | |
| NAME | SNYDER, CLIFFORD D | 2.2 NAME | |
| STREET ADDRESS | 9230 KNOLL CREST LOOP | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | AUSTIN TX 75759 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/99 (512) 388-1312

CR2E034 (11/98)

0559536