**FILED** 

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

## Apr 09, 2003 8:00 am Secretary of State DOCUMENT # V21710 04-09-2003 90116 009 \*\*\*150.00 1. Entity Name THE FIRST PUTNAM COUNTY CORPORATION, INC. Principal Place of Business Mailing Address 93 D ORANGE STREET 93 D ORANGE STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address 1301 PLANTATION ISLAND DR. PO DRAWER 70 Suite, Apt. #, etc. SUITE 206B Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For ST. AUGUSTINE. 59-3182898 ST. AUGUSTINE, FLNot Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32080 32085-0070 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUNK, ARTHUR H SR Street Address (P.O. Box Number is Not Acceptable) 61 DOLPHIN DR ST. AUGUSTINE FL 32084 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ST Change TITLÉ ☐ Delete TITLE ☐ Addition THOMPSON, PIERRE D. NAME THOMPSON, PIERRE D NAME STREET ADDRESS STREET ADDRESS 93 A ORANGE ST 1301 PLANTATION ISLAND DR., #206B City-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32084 ST. AUGUSTINE, FL 32080 TITLE Delete TITLE ☐ Change Addition NAME NAME RUNK, ARTHUR H SR STREET ADDRESS STREET ADDRESS 61 DOLPHIN DRIVE CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32080 TITLE ☐ Delete TITLE \_\_\_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change [ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FECArthure H. Runk, Sr.

904-471-8272