

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V34747 (8)
1. Corporation Name
P.F. BANKING FACILITIES, INC.



Principal Place of Business
1002 W 23RD ST
SUITE 400
PANAMA CITY FL 32405

Mailing Address
1002 W 23RD ST
SUITE 400
PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 04/06/1992 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-3119666 | |
| 24 Country | | 30 Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, ROBERT
1002 W 23RD ST
SUITE 400
PANAMA CITY FL 32405

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, JOSEPH F. III | 1.2 NAME | |
| STREET ADDRESS | 1002 W. 23RD ST., STE 400 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POWELL, RAYMOND E. | 2.2 NAME | |
| STREET ADDRESS | 2305 HWY 77 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPT | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENRY, ROBERT F. III | 3.2 NAME | |
| STREET ADDRESS | 1002 W. 23RD ST., SUITE 400 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHAPMAN, JOSEPH F. IV | 4.2 NAME | |
| STREET ADDRESS | 1002 W. 23RD ST., STE 400 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BODZIN, STEPHEN A | 5.2 NAME | |
| STREET ADDRESS | 1156 15TH NE / STE - 329 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC | 5.4 CITY-ST-ZIP | |
| TITLE | AS | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PIPPIN, LAURETTA J | 6.2 NAME | |
| STREET ADDRESS | 1002 W 23RD ST / STE - 400 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 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.

SIGNATURE _____ Laurretta J. Pippin, Asst. Sec. 4/27/98 (850)769-8981

CR2E034 (10/97)