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 APR 28 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V35549** **(7)**

1. Corporation Name
FF BANCORP, INC.

Principal Place of Business	Mailing Address
900 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32069	900 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32069

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1992	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-3117642	☐ 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	

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

9. Name and Address of Current Registered Agent

BYRD, CHARLES H
900 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32069

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 _____ 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	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	FORD, FRANCES R	1.2 NAME	
STREET ADDRESS	513 N RIVERSIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BYRD, CHARLES H	2.2 NAME	
STREET ADDRESS	1223 COMMODORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FAUST, FRED J	3.2 NAME	Delete
STREET ADDRESS	1134 HARBOUR POINT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, TILDON W	4.2 NAME	
STREET ADDRESS	3217 COUNTRY CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	MEARES, SANDRA G	5.2 NAME	
STREET ADDRESS	167 SPRUCE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	VAN ECK, PATRICIA J	6.2 NAME	
STREET ADDRESS	2204 PINE TREE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	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: Patricia J Van Eck 4-25-95 904-428-2466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia J. Van Eck

0010100 CP