

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J94726 (3)**  
1. Corporation Name:

**FIRST COMMERCIAL BANK OF TAMPA**



Principal Place of Business: **4600 WEST KENNEDY BOULEVARD TAMPA FL 33609**  
Mailing Address: **4600 WEST KENNEDY BOULEVARD TAMPA FL 33609**

3. Date Incorporated or Qualified: **09/22/1988**  
3a. Date of Last Report: **10/23/1995**  
4. FEI Number: **59-2907488**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

**9. Name and Address of Current Registered Agent**

**GRANDOFF, J. ALAN  
4600 W. KENNEDY BLVD  
TAMPA FL 33609**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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: *J. A. Grandoff S.V.P.*  
Signature of person submitting this report (agent and fee applicable)

(If FEI Registered Agent signature requested when filing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MACKAY, ROBERT F</b>	
STREET ADDRESS	<b>3313 HYDE PARK DRIVE</b>	
CITY - ST - ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FISCHER, JIMMY C.</b>	
STREET ADDRESS	<b>408 BRIARCLIFF DR.</b>	
CITY - ST - ZIP	<b>TEMPLE TERRACE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCLAIN, JOSEPH A., III</b>	
STREET ADDRESS	<b>10106 HAMPTON PL</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GRANDOFF, J A</b>	
STREET ADDRESS	<b>3401 SEVILLA ST</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>SALEM, ALBERT M., JR.</b>	
STREET ADDRESS	<b>824 BAYSIDE DR.</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOOD, PHILIP G.</b>	
STREET ADDRESS	<b>2302 S. OCCIDENT</b>	
CITY - ST - ZIP	<b>TAMPA FL</b>	

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. A. Grandoff S.V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**J. A. Grandoff**

June 6, 1996

(813)287-0500

CR2E034 (3/96)