

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

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

02-22-1999 90095 046 \*\*\*150.00

0388641

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # J94726**

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/22/1988**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

1.1 TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MEYER, ROLAND H	
1.3 STREET ADDRESS	14275 SIESTA RD	
1.4 CITY-ST-ZIP	LARGO, FL 33774	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAROSZ, EDWARD C JR	
2.3 STREET ADDRESS	7 SOUTH 430 ARBOR DR	
2.4 CITY-ST-ZIP	NAPERVILLE-IL 60540	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REEDER, ROBERT H	
3.3 STREET ADDRESS	15237 W POND WOODS DR	
3.4 CITY-ST-ZIP	TAMPA, FL 33618	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TWITTY, ROBERT J	
4.3 STREET ADDRESS	6162 LEELAND ST S	
4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33710	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAMS, DAVID L	
5.3 STREET ADDRESS	16 PINWOOD CIR	
5.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FARRIS, JOHN J JR	
6.3 STREET ADDRESS	2509 LUMINA	
6.4 CITY-ST-ZIP	WRIGHTSVILLE BEACH, NC 28480	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 #

*[Signature]*  
 S. SALEM, JR. EMPLOYED

1/8/99 813-287-0511

CR2E034 (1/198)