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Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

4800 WEST KENNEDY BOULEVARD  
TAMPA FL 33609

Mailing Address

4800 WEST KENNEDY BOULEVARD  
TAMPA FL 33609-2520

3. Date Incorporated or Qualified

09/22/1988

3a. Date of Last Report

06/13/1996

4. FEI Number

59-2907488

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

GRANDOFF, J. ALAN  
4800 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

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  
NAME MACKAY, ROBERT F  
STREET ADDRESS 3313 HYDE PARK DRIVE  
CITY- ST- ZIP CLEARWATER FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE D  
NAME FISCHER, JIMMY C.  
STREET ADDRESS 408 BRIARCLIFF DR.  
CITY- ST- ZIP TEMPLE TERRACE FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE D  
NAME MCCLAIN, JOSEPH A., III  
STREET ADDRESS 10106 HAMPTON PL  
CITY- ST- ZIP TAMPA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE S  
NAME GRANDOFF, J A  
STREET ADDRESS 3401 SEVILLA ST  
CITY- ST- ZIP TAMPA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE CD  
NAME SALEM, ALBERT M., JR.  
STREET ADDRESS 824 BAYSIDE DR.  
CITY- ST- ZIP TAMPA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE D  
NAME FLOOD, PHILIP G.  
STREET ADDRESS 2302 S. OCCIDENT  
CITY- ST- ZIP TAMPA FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/97 813-287-0511

CR2E034 (9/96)