

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

02-22-1999 90095 046 ***150.00

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

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 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.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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

TITLE P ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE CD ☐ DELETE

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

TITLE D ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VC ☐ Change ☒ Addition

1.2 NAME MEYER, ROLAND H
1.3 STREET ADDRESS 14275 SIESTA RD
1.4 CITY-STATE-ZIP LARGO, FL 33774

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME JAROSZ, EDWARD C JR
2.3 STREET ADDRESS 7 SOUTH 430 ARBOR DR
2.4 CITY-STATE-ZIP NAPERVILLE, IL 60540

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME REEDER, ROBERT H
3.3 STREET ADDRESS 15237 W POND WOODS DR
3.4 CITY-STATE-ZIP TAMPA, FL 33618

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME TWITTY, ROBERT J
4.3 STREET ADDRESS 6162 LEELAND ST S
4.4 CITY-STATE-ZIP ST PETERSBURG, FL 33710

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME WILLIAMS, DAVID L
5.3 STREET ADDRESS 16 PINWOOD CIR
5.4 CITY-STATE-ZIP SAFETY HARBOR, FL 34695

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME FARRIS, JOHN J JR
6.3 STREET ADDRESS 2509 LUMINA
6.4 CITY-STATE-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 #

CR2E034 (1/98)

0388841