

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033247

Entity Name: FCB FLORIDA, CO.

Current Principal Place of Business:

1230 SHARON PLACE
WINTER PARK, FL 32789

Current Mailing Address:

1230 SHARON PLACE
WINTER PARK, FL 32789

FEI Number: 52-2366191

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROWE, M. ALAN
3544 COUNTRY LAKES DRIVE
ORLANDO, FL 32812 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name ASHER, DONALD LJR
Address 2221 SANTA ANTILLES RD.
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, PRESIDENT, CEO
Name ROWE, MORRIS A
Address 3544 COUNTRY LAKE DR.
City-State-Zip: ORLANDO FL 32812

Title CFO, EXECUTIVE SECRETARY
Name MARTIN, JOHN W JR.
Address 1230 SHARON PLACE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name CAHILL, STEPHEN C
Address 2667 LAKE SHORE DRIVE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, VC
Name DOUDNEY, DOUGLAS
Address 1443 BUCKWOOD CIRCLE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name HUHNS, DOUGLAS A
Address 1610 WATERWITCH DR
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name SPAFFORD, SIDNEY G
Address 505 CANTERBURY LANE
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name SPRAGGINS, MICHAEL L. SR.
Address 1325 COUNTRY CLUB OAKS CIRCLE
City-State-Zip: ORLANDO FL 32804

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN W. MARTIN

CFO/EXECUTIVE
SECRETARY

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAUKNIGHT, JAMES H.
Address 5600 E. IRLO BRONSON MEMORIAL HWY
City-State-Zip: ST. CLOUD FL 34771

Title DIRECTOR
Name BOWYER, JAMES W.
Address 900 LIVE OAK ST
City-State-Zip: MAITLAND FL 32751