

**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 HUHN, 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