FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **698493** **(4)**

1. Corporation Name
FIRST COMMERCE BANK OF POLK COUNTY

Principal Place of Business
141 CENTRAL AVENUE EAST
WINTER HAVEN FL 33880

Mailing Address
141 CENTRAL AVENUE EAST
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified: 08/11/1981
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2113632 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
24 Zip
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
29 Zip
30 Country

9. **Name and Address of Current Registered Agent**

STICKLER, ROBERT W. JR.
218 SANTA ROSA DR.
WINTER HAVEN FL 33884

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 607.0505 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	PD	☐ DELETE
NAME	STICKLER, ROBERT W. JR.	
STREET ADDRESS	218 SANTA ROSA DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	☐ DELETE
NAME	GINRICH, HERBERT O	
STREET ADDRESS	1051 SUGARTREE DRIVE S.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☒ DELETE
NAME	CHRISTIAN, CECIL B	
STREET ADDRESS	2004 SHORELAND DR.	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, LAWRENCE L	
STREET ADDRESS	480 NO ECHO DR	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	D	☐ DELETE
NAME	MILLER, JERRY D	
STREET ADDRESS	140 SKYLAND DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☐ DELETE
NAME	STEPHENS, DONALD K	
STREET ADDRESS	226 BIRCH LANE	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1 TITLE	D	☐ Change ☒ Addition
1 NAME	Patrick Bentley	
1 STREET ADDRESS	1300 Island Way SE	
1 CITY-ST-ZIP	Winter Haven, Fl 33880	
2 TITLE	D	☐ Change ☒ Addition
2 NAME	Brian Swain	
2 STREET ADDRESS	9400 W Lk Ruby Dr.	
2 CITY-ST-ZIP	Winter Haven, Fl 33880	
3 TITLE	D	☐ Change ☒ Addition
3 NAME	Charles Harris	
3 STREET ADDRESS	3339 Northglenn Dr.	
3 CITY-ST-ZIP	Orlando, Fl	
4 TITLE	D	☐ Change ☒ Addition
4 NAME	Robert Turner	
4 STREET ADDRESS	899 W Lake Otis Dr.	
4 CITY-ST-ZIP	Winter Haven, Fl 33880	
5 TITLE	D	☐ Change ☒ Addition
5 NAME	Jack Brandon	
5 STREET ADDRESS	141 5th St. NW	
5 CITY-ST-ZIP	Winter Haven, Fl 33880	
6 TITLE	D	☐ Change ☒ Addition
6 NAME	J. E. Stephens, Jr.	
6 STREET ADDRESS	43 Lake Link Dr. SE	
6 CITY-ST-ZIP	Winter Haven, Fl 33880	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 # ______

CR2E034 (12/95)