

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 14 1997 8:00am  
Secretary of State

DOCUMENT # **698493** (4)  
1. Corporation Name  
**FIRST COMMERCE BANK OF POLK COUNTY**



Principal Place of Business Mailing Address  
**141 CENTRAL AVENUE EAST** **141 CENTRAL AVENUE EAST**  
**WINTER HAVEN FL 33880** **WINTER HAVEN FL 33880-6323**

3. Date Incorporated or Qualified **08/11/1981** 3a. Date of Last Report **02/08/1996**  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STICKLER, ROBERT W. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>218 SANTA ROSA DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINRICH, HERBERT O</b>	2.2 NAME	
STREET ADDRESS	<b>1051 SUGARTREE DRIVE S.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>3339 NORTHGLENN DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO FL</b>	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, LAWRENCE L</b>	4.2 NAME	
STREET ADDRESS	<b>480 NO ECHO DR</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKE ALFRED FL</b>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, JERRY D</b>	5.2 NAME	
STREET ADDRESS	<b>140 SKYLAND DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPHENS, DONALD K</b>	6.2 NAME	
STREET ADDRESS	<b>226 BIRCH LANE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	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:

**Robert W. Stickler, Jr. Pres. & CEO**

2/6/97 941-299-6072

Date Daytime Phone #

CR2E034 (9/96)