

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-27-2004 90058 050 ***150.00
FILED F01000000641

DOCUMENT # F01000000641

1. Entity Name

FIRST BANK OF GEORGIA



04 MAY 10 PM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9250 BAYMEADOWS ROAD, SUITE 460
JACKSONVILLE FL 32256

Mailing Address

2743 PERIMETER PKY
BUILDING 100 STE 105
AUGUSTA GA 30909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1786015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STELBRINK, DAVID
9250 BAYMEADOWS ROAD, SUITE 460
JACKSONVILLE FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

PD
BRINSON, REMER Y
3820 WASHINGTON ROAD
AUGUSTA GA 30917

TITLE NAME ☐ Delete

EVP
BIRD, THOMAS M
2743 PERIMETER PKY BLD 100 STE 100
AUGUSTA GA 30909

TITLE NAME ☐ Delete

VP
HOLLEY, LYNN
2743 PERIMETER PKY BLD 100 STE 100
AUGUSTA GA 30909

TITLE NAME ☐ Delete

CFO
THOMAS, J M
2743 PERIMETER PKWY BLDG 100 STE 105
AUGUSTA GA 30909

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST- ZIP

TITLE NAME ☒ Change ☐ Addition

2743 PERIMETER PKWY BLDG 100 STE 105

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. M. Thomas J. M. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04 (706)262-2260

Date

Daytime Phone #