FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:34

DOCUMENT # F94000000081 (9)

1. Corporation Name
FIRST COMMUNITY FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1256 WAYCROSS GA 31502	P.O. BOX 1256 WAYCROSS GA 31502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 58-2060490 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SONKE, TOM~~
~~1970 SOLOMON STREET~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

01 Name: Robert J. Larison, Jr.
02 Street Address (P.O. Box Number is Not Acceptable): 12636 Shoal Creek Ln., N.
03
04 City: Jacksonville, FL 05 Zip Code: 32225

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: X Robert J Larison Jr. DATE: 5/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	LARISON JR, ROBERT J	12 NAME	Larison, Jr., Robert J.
STREET ADDRESS	~~505 HAINES STREET~~	13 STREET ADDRESS	12636 Shoal Creek Ln., N.
CITY-ST-ZIP	~~WAYCROSS GA~~	14 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	MORRIS, CYRIL	22 NAME	
STREET ADDRESS	505 HAINES STREET	23 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HINSON, JOHN	32 NAME	
STREET ADDRESS	505 HAINES STREET	33 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MARTIN JR, C E	42 NAME	
STREET ADDRESS	505 HAINES STREET	43 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	BECKER, DAVID	52 NAME	
STREET ADDRESS	505 HAINES STREET	53 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	BELL, CAROL	62 NAME	
STREET ADDRESS	505 HAINES STREET	63 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	64 CITY-ST-ZIP	

RECEIVED BY MAY 1

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)(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: David P. Becker & David P. Becker 4-27-95 912-284-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478481 FP