

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/05/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, JR R J
12636 SHOAL CREEK LN N
JACKSONVILLE FL 32225

81 Name

Troy B. Junker

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

10328 Deerwood Park Blvd.

83

84 City

Jacksonville

FL

85 Zip Code

32256

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 to make with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Troy B. Junker (Troy B Junker) Registered Representative 8/1/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	LARSON JR, ROBERT J	12636 SHOAL CREEK LN N	JACKSONVILLE FL	<input type="checkbox"/>
C	MORRIS, CYRIL	505 HAINES STREET	WAYCROSS GA	<input checked="" type="checkbox"/>
D	HINSON, JOHN	505 HAINES STREET	WAYCROSS GA	<input type="checkbox"/>
D	MARTIN JR, C E	505 HAINES STREET	WAYCROSS GA	<input checked="" type="checkbox"/>
VT	BECKER, DAVID	505 HAINES STREET	WAYCROSS GA	<input type="checkbox"/>
S	BELL, CAROL	505 HAINES STREET	WAYCROSS GA	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David C. Becker, Sr., vp/Treasurer

7-30-96

912-284-2270

CR2E034 (3/96)