

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
Mar 18 1997 8:00am
Secretary of State

DOCUMENT # F94000000081 (9)

1. Corporation Name

FIRST COMMUNITY FINANCIAL SERVICES, INC.

Principal Place of Business

P.O. BOX 1256
WAYCROSS GA 31502

Mailing Address

P.O. BOX 1256
WAYCROSS GA 31502-1256

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

08/06/1996

4. FEI Number

58-2060490

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

9. Name and Address of Current Registered Agent

JUNKER, TROY B
10328 DEERWOOD PARK BLVD
JACKSONVILLE FL 32256

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 607.0502 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LARISON JR, ROBERT J	
STREET ADDRESS	12638 SHOAL CREEK LN N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MCGAHEE, I J	
STREET ADDRESS	505 HAINES AVE	
CITY-ST-ZIP	WAYCROSS GA 31501	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HINSON, JOHN	
STREET ADDRESS	505 HAINES STREET	
CITY-ST-ZIP	WAYCROSS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODS, H. DENNIS	
STREET ADDRESS	505 HAINES STREET	
CITY-ST-ZIP	WAYCROSS GA 31501	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BECKER, DAVID	
STREET ADDRESS	505 HAINES STREET	
CITY-ST-ZIP	WAYCROSS GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BELL, CAROL	
STREET ADDRESS	505 HAINES STREET	
CITY-ST-ZIP	WAYCROSS GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 1997 912-284-2270

CR2E034 (9/96)