

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Aug 05 1998 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/05/1994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24** **25** **29** **30**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

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 **Gary B. Rome**  
**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 familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**7/22/98**  
DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V	Murrow, Jr. C. Sam	45 Eagle Cove Court	Fernandina Beach, FL 32034	<input type="checkbox"/>
D	Park, Margaret	505 Haines Avenue	Waycross, GA 31501	<input type="checkbox"/>
D	Akins, Cordyn	505 Haines Avenue	Waycross, GA 31501	<input type="checkbox"/>
D	Smith, Greg	505 Haines Avenue	Waycross, GA 31501	<input type="checkbox"/>
D	Austin, Joe L.	505 Haines Avenue	Waycross, GA 31501	<input type="checkbox"/>

14. I 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.

CR2E034 (5/98)