

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90087 043 ***150.00

DOCUMENT # F94000000081

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

2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent Rome NAME, GARY B 10328 DEERWOOD PARK RD 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARISON JR, ROBERT J	1.2 NAME	
STREET ADDRESS	12636 SHOAL CREEK LN N	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURROW, C SAM J	2.2 NAME	
STREET ADDRESS	45 EAGLE COVE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDIAN BEACH FL 32034	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARK, MARGARET	3.2 NAME	
STREET ADDRESS	505 HAINES STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, H. DENNIS	4.2 NAME	
STREET ADDRESS	505 HAINES STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA 31501	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, DAVID	5.2 NAME	
STREET ADDRESS	505 HAINES STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, CAROL	6.2 NAME	
STREET ADDRESS	505 HAINES STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

David C. Becker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99 Date

912-284-2270 Daytime Phone #

CR2E034 (11/98)