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

APPROVED AND FILED

95 MAY 10 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004202 (7)**

1. Corporate Name
FIRST COMMERCE CAPITAL, INC.

Principal Place of Business
821 GRAVIER ST
SUITE 1027
NEW ORLEANS LA 70119

Mailing Address
821 GRAVIER ST
SUITE 1027
NEW ORLEANS LA 70119

3. Date of Incorporation or Qualification: 08/12/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number: 72-1268331 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Electronic Corporate Filing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees

8. The corporation has elected, for purposes of Florida income tax, to be treated as an S corporation. Florida Statutes: ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, the undersigned corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned corporation further confirms that it is familiar with and agrees to comply with the provisions of all statutes relative to keeping open its registered office.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	PD
Name	HARPER, WILLIAM J
Street Address	4612 RUE LAURENT
City, State, Zip	METARIE LA 70002
Title	V
Name	GIFFIN, PAUL F
Street Address	806 TETE L'OURS DR.
City, State, Zip	MANDEVILLE LA 70448
Title	V
Name	KIRBY, MICHAEL P
Street Address	528 CEDARWOOD DR.
City, State, Zip	MANDEVILLE LA 70448
Title	S
Name	STORMS, ELIZABETH
Street Address	11 TRINIDAD DR.
City, State, Zip	KENNER LA 70065
Title	T
Name	TRUETT, JANE B
Street Address	4817 PAGE DR.
City, State, Zip	METARIE LA 70003
Title	D
Name	ARNOF, IAN
Street Address	1750 ST. CHARLES AVE.
City, State, Zip	NEW ORLEANS LA 70130

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title	☐ Change ☐ Add/Del
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
Name	
Street Address	
City, State, Zip	
Title	☐ Change ☐ Add/Del
Name	
Street Address	
City, State, Zip	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or a 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 of this report or in an attached and signed amendment.

SIGNATURE: Jane B. Truett — Treasurer — 5/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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