FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **J72639** **(4)**

1. Corporation Name
FIRST COMMUNITY BANK

Principal Place of Business
2240 SOUTH VOLUSIA AVE.
ORANGE CITY FL 32763

Mailing Address
2240 SOUTH VOLUSIA AVE.
ORANGE CITY FL 32763

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/12/1987
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2829346 ☐ 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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PAUL, HARLAN	
STREET ADDRESS	675 OAKTREE TERRACE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	☐ DELETE
NAME	WILSON, OSCAR , Jr.	
STREET ADDRESS	734 PINE SHORES CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	☐ DELETE
NAME	LACEY, EDWARD	
STREET ADDRESS	2327 SOUTHERN PINES PLACE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	☒ DELETE
NAME	PATTI, JOSEPH	
STREET ADDRESS	702 N ORANGE AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	☐ DELETE
NAME	SHADICK, JOSEPH	
STREET ADDRESS	303 HUNTINGTON DR	
CITY-ST-ZIP	DELAND FL	
TITLE	D	☐ DELETE
NAME	MCMILLON, MILTON	
STREET ADDRESS	900 SPRING GARDEN RANCH RD	
CITY-ST-ZIP	DELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Timothy Wm. Englert	
1.3 STREET ADDRESS	2329 River Ridge Road, #12	
1.4 CITY-ST-ZIP	DeLand, FL 32720	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Gordon E. Holzman	
2.3 STREET ADDRESS	1988 Quail Hollow Drive	
2.4 CITY-ST-ZIP	DeLand, FL 32720	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Milton E. Evans	
3.3 STREET ADDRESS	1473 N. Volusia Avenue	
3.4 CITY-ST-ZIP	Orange City, FL 32763	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Stephen W. Hayman	
4.3 STREET ADDRESS	998 W. Torchwood Drive	
4.4 CITY-ST-ZIP	DeLand, FL 32720	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Richard O. Heard	
5.3 STREET ADDRESS	205 Barrington Avenue	
5.4 CITY-ST-ZIP	DeLand, FL 32720	
6.1 TITLE		☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Timothy Wm. Englert 3-4-96 904-775-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)