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FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 32763-7614

3. Date Incorporated or Qualified

05/12/1987

3a. Date of Last Report

03/08/1996

4. FEI Number

59-2828346

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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

ENGLERT Timothy Wm

82 Street Address (P.O. Box Number is Not Acceptable)

2329 River Ridge Rd #12

83

84 City

DELAND

FL

85 Zip Code

32720

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 ENGLERT Timothy Wm

Signature typed or printed name of registered agent and title if applicable

(Signature of Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PAUL, HARLAN

NAME
STREET ADDRESS
CITY- ST- ZIP
675 OAKTREE TERRACE
DELAND FL 32724

TITLE D WILSON, OSCAR

NAME
STREET ADDRESS
CITY- ST- ZIP
734 PINE SHORES CIRCLE
NEW SMYRNA BEACH FL

TITLE D LACEY, EDWARD

NAME
STREET ADDRESS
CITY- ST- ZIP
2327 SOUTHERN PINES PLACE
DELAND FL

TITLE D EVANS, MILTON E

NAME
STREET ADDRESS
CITY- ST- ZIP
1473 VOLUSIA AVE
ORANGE CITY FL

TITLE D SHADICK, JOSEPH

NAME
STREET ADDRESS
CITY- ST- ZIP
303 HUNTINGTON DR
DELAND FL

TITLE D MCMILLON, MILTON

NAME
STREET ADDRESS
CITY- ST- ZIP
900 SPRING GARDEN RANCH RD
DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ENGLERT Timothy Wm

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2329 River Ridge Rd #12
DELAND FL 32720

2.1 TITLE C HOLZMAN GORDON E

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
1988 QUAIL HOLLOW DR
DELAND FL 32720

3.1 TITLE D HAYMAN STEPHEN W

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
998 W. TORCHWOOD DR.
DELAND FL 32724

4.1 TITLE D HEARD RICHARD O

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
205 BARRINGTON AVE
DELAND FL 32720

5.1 TITLE D PATTI JOSEPH A.

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
5360 S.R. 11
DELAND Sp FL 32130

6.1 TITLE

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; and that I am 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

904-725-3115

Date

Daytime Phone #

CR2E034 (9/96)