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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J72639
 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/12/1987	59-2829346	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENGLERT, TIMOTHY W DP 2329 RIVERRIDGE RD. #12 DELANO FL 32720	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PAUL, HARLAN	1.1 TITLE	DC HOLZMAN GORDON E
NAME	675 OAKTREE TERRACE	1.2 NAME	1998 QUAIL HOLLOW DR.
STREET ADDRESS	DELANO FL	1.3 STREET ADDRESS	DELANO FL 32720
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WILSON, OSCAR	2.1 TITLE	O HAYMAN STEPHEN W
NAME	734 PINE SHORES CIRCLE	2.2 NAME	999 W. TORCHWOOD DR.
STREET ADDRESS	NEW SMYRNA BEACH FL	2.3 STREET ADDRESS	DELANO FL 32724
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LACEY, EDWARD	3.1 TITLE	D HEARD, RICHARD O
NAME	2327 SOUTHERN PINES PLACE	3.2 NAME	205 BARRINGTON AVE
STREET ADDRESS	DELANO FL	3.3 STREET ADDRESS	DELANO FL 32720
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D EVANS, MILTON E	4.1 TITLE	
NAME	1473 VOLUSIA AVE	4.2 NAME	
STREET ADDRESS	ORANGE CITY FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SHADICK, JOSEPH	5.1 TITLE	
NAME	303 HUNTINGTON DR	5.2 NAME	
STREET ADDRESS	DELANO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MCMILLON, MILTON	6.1 TITLE	
NAME	900 SPRING GARDEN RANCH RD	6.2 NAME	
STREET ADDRESS	DELANO FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplement to an 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 trustee 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 agreement with an address, with all other like empowered.

SIGNATURE: SIGNATURE TIMOTHY W ENGLERT 1-5-99 904-775-3115
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)