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

1995 MAY -1 PM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/18/95--01004--004
****225.00 ****225.00

DOCUMENT # J82984 (2)

1. Corporation Name
FIRST CENTRAL BANK

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
5858 CENTRAL AVENUE PO BOX 41250 ST. PETERSBURG FL 33743-1250	5858 CENTRAL AVENUE PO BOX 41250 ST. PETERSBURG FL 33743-1250

3. Date Incorporated or Qualified: 04/05/1988
3a. Date of Last Report: 04/13/1994

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

4. FEI Number: 59-2853820 ☐ 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director	☐ Change ☒ Addition
NAME	JOSLIN, TIMOTHY J.	12 NAME	Mark Benjamin, M.D.	
STREET ADDRESS	7864 9TH AVE., NORTH	13 STREET ADDRESS	23 Sunset Bay Dr.	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	Belleair FL 34616	
TITLE	D	21 TITLE	Director	☐ Change ☒ Addition
NAME	CLARK, ROBERT P.	22 NAME	Craig Sher	
STREET ADDRESS	3901 13TH WAY NE	23 STREET ADDRESS	9055 Baywood Park Dr.	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	Seminole, FL 34646	
TITLE	DPC	31 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, E. RALPH	32 NAME		
STREET ADDRESS	536 HAVEN POINT DR.	33 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MILLER, IRWIN	42 NAME		
STREET ADDRESS	2621 E VINA DELMAR	43 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BENJAMIN, PHILIP	52 NAME		
STREET ADDRESS	6650 SUNSET WAY, APT. 419	53 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG BCH. FL 33706	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

TDW 5-1-95

14. I do hereby certify that the information supplied with this filing is true, voluntarily furnished and 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, added or deleted.

SIGNATURE: X E. Ralph Crawford 5/1/95 813-347-0197
SIGNATURE OF, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0446696 FP