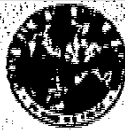


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83027 (9)

1. Corporation Name

FIRST COAST COMMUNITY BANK

Principal Place of Business

**1800 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034**

Mailing Address

**1800 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/14/1987

3a. Date of Last Report

04/05/1994

4. FEI Number

59-2784638

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

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOT REQUIRED
PURSUANT TO CHAPTER 607 (034)(2)
FLORIDA STATUTES**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BRANDON, RICHARD L.
STREET ADDRESS	1750 LIME ST
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	D
NAME	BURNS, PAUL C.
STREET ADDRESS	2100 SOUTH FLETCHER AVE
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	D
NAME	MELNYK, STEVEN N.
STREET ADDRESS	5015 PIRATES COVE RD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	OUTLER, CHARLES R.
STREET ADDRESS	1546 LISA AVE
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	CPD
NAME	TOWNSEND, JAMES M.
STREET ADDRESS	1689 RIGGING WAY
CITY - ST - ZIP	FERNANDINA BCH. FL
TITLE	D
NAME	CHANEY, JAMES R.
STREET ADDRESS	110 TURNBERRY ST
CITY - ST - ZIP	ST. SIMONS GA

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 110.07(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:

Charles R. Outler *Blair R. Outler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

904/277-4400

J83027

TITLE	V
NAME	JORDAN, MARY E.
ADDRESS	ROUTE 1, BOX 118A
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	MICHAELIS, DENNIS J.
ADDRESS	1635 RIGGING WAY
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	POWELL, TERRY J.
ADDRESS	2151 RIVER MARSH DRIVE
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	SANDS, JAMES U.
ADDRESS	10 RED CEDAR ROAD
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	SELTON, ROBERT W., JR.
ADDRESS	82 LAUREL OAK ROAD
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	SHAVE, BENJAMIN
ADDRESS	1430 TAMPA E BLVD #C
CITY, STATE, ZIP	TAMPA, FL 33619