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

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DOCUMENT # **J83027** **(9)**

1. Corporation Name

FIRST COAST COMMUNITY BANK

Principal Place of Business	Mailing Address
1900 SOUTH 14TH STREET FERNANDINA BEACH FL 32034	1900 SOUTH 14TH STREET FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: **08/14/1987**
3a. Date of Last Report: **04/28/1995**
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

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

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 607.1502, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRANDON, RICHARD L.		1.2 NAME	
STREET ADDRESS	1750 LIME ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, PAUL C.		2.2 NAME	
STREET ADDRESS	2100 SOUTH FLETCHER AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MELNYK, STEVEN N.		3.2 NAME	
STREET ADDRESS	5015 PIRATES COVE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OUTLER, CHARLES R.		4.2 NAME	
STREET ADDRESS	1546 LISA AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL		4.4 CITY-ST-ZIP	
TITLE	CPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, JAMES M.		5.2 NAME	
STREET ADDRESS	1689 RIGGING WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH. FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHANEY, JAMES R.		6.2 NAME	
STREET ADDRESS	110 TURNBERRY ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. SIMONS GA		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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, or on an attachment with an address.

SIGNATURE: Chas. R. Outler Charles R. Outler, VP/Cashier 4/05/96 904-277-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TITLE	V
NAME	JORDAN, MARY E.
ADDRESS	ROUTE 1, BOX 118A
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
TITLE	D
NAME	CAPLES, DAVID
ADDRESS	1617 ATLANTIC AVENUE
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32034
TITLE	D
NAME	GRANT, EUGENE W.
ADDRESS	42 L. S. MORRISON DRIVE, PO BOX 949
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32035
TITLE	D
NAME	HEARD, JOHN H.
ADDRESS	C/O OXLEY-HEARD FUNERAL HOME 1305 ATLANTIC AVENUE, PO BOX 693
CITY, STATE, ZIP	FERNANDINA BEACH, FL 32035