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FILED

Jun 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT

1998



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

DOCUMENT # J83027

(9)

1. Corporation Name

FIRST COAST COMMUNITY BANK

Principal Place of Business

1900 SOUTH 14TH STREET  
FERNANDINA BEACH FL 32034

Mailing Address

1900 SOUTH 14TH STREET  
FERNANDINA BEACH FL 32034



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1987

4. FEI Number

59-2784638

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

Williams, Leslie D.

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

902 6th Street North

83

84 City

Jacksonville Beach

FL

85 Zip Code

32250

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 a registered agent under 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME BURNS, PAUL C.  
STREET ADDRESS 2100 SOUTH FLETCHER AVE  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE  
NAME MELNYK, STEVEN N.  
STREET ADDRESS 5015 PIRATES COVE RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ DELETE  
NAME OUTLER, CHARLES R.  
STREET ADDRESS 1546 LISA AVE  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ DELETE  
NAME CPD TOWNSEND, JAMES M.  
STREET ADDRESS 1689 RIGGING WAY  
CITY-ST-ZIP FERNANDINA BCH. FL

TITLE ☐ DELETE  
NAME CHANEY, JAMES R.  
STREET ADDRESS 110 TURNBERRY ST  
CITY-ST-ZIP ST. SIMONS GA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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 *Leslie D. Williams* Leslie D. Williams, Vice President/Cashier 4/20/98 004 277 4100

CR2E034 (10/97)