

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **J83027** ✓
Corporation Name

FIRST COAST COMMUNITY BANK

Principal Place of Business
**100 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034**

Mailing Address
**1900 SOUTH 14TH STREET
FERNANDINA BEACH FL 32034**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90021 039 ***150.00
07-13-1999 90003 011 ***550.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2784638	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, LESLIE D
902 6TH STREET NORTH 1900 5TH 14TH STREET
JACKSONVILLE BEACH FL 32250
FERNANDINA BEACH, FL 32034

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

I, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	BURNS, PAUL C.	1.2 NAME	
REET ADDRESS	2100 SOUTH FLETCHER AVE	1.3 STREET ADDRESS	
Y-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	MELNYK, STEVEN N.	2.2 NAME	
REET ADDRESS	5015 PIRATES COVE RD.	2.3 STREET ADDRESS	
Y-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
LE	CPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	TOWNSEND, JAMES M.	3.2 NAME	
REET ADDRESS	1689 RIGGING WAY	3.3 STREET ADDRESS	
Y-ST-ZIP	FERNANDINA BCH. FL	3.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	CHANEY, JAMES R.	4.2 NAME	
REET ADDRESS	110 TURNBERRY ST	4.3 STREET ADDRESS	
Y-ST-ZIP	ST. SIMONS GA	4.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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

7/4/99 904-277-5281

Date

Daytime Phone #

CR2E034 (5/99)