

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-03-2005 90082 035 ***150.00
J94726

FILED

05 MAY 24 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # J94726

1. Entity Name

FIRST COMMERCIAL BANK OF TAMPA BAY



Principal Place of Business

4600 WEST KENNEDY BOULEVARD
TAMPA FL 33609

Mailing Address

4600 WEST KENNEDY BOULEVARD
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2907488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRANDOFF, J. ALAN
4600 W. KENNEDY BLVD
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name Fleming, William M.

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

4600 W. Kennedy Blvd

City Tampa

FL

Zip Code 33609

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William M. Fleming SVP/CFO

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

(NOTE: Registered Agent signature required when reinstating)

3/25/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SALEM, ALBERT M
STREET ADDRESS PO BOX 320062
CITY- ST- ZIP TAMPA FL 33609

TITLE D ☐ Delete
NAME FISCHER, JIMMY C.
STREET ADDRESS 408 BRIARCLIFF DR.
CITY- ST- ZIP TEMPLE TERRACE FL

TITLE D ☐ Delete
NAME MCCLAIN, JOSEPH A., III
STREET ADDRESS 10106 HAMPTON PL
CITY- ST- ZIP TAMPA FL

TITLE S ☒ Delete
NAME GRANDOFF, J A
STREET ADDRESS 3336 S. STERLING AVE.
CITY- ST- ZIP TAMPA FL 33629

TITLE CDP ☐ Delete
NAME SALEM, ALBERT M., JR.
STREET ADDRESS 824 BAYSIDE DR.
CITY- ST- ZIP TAMPA FL

TITLE D ☐ Delete
NAME FLOOD, PHILIP G.
STREET ADDRESS 2302 S. OCCIDENT
CITY- ST- ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Addition
NAME William M. Fleming
STREET ADDRESS 3813 Kensington Ave
CITY- ST- ZIP Tampa FL 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William M. Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

Date

813-281-5125

Daytime Phone #