


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90003 028 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K40365

1. Corporation Name
FIRST BANK

Principal Place of Business
 ATTN: SUZANNE LANGILLE
 1997 CAPITAL CIRCLE NE
 TALLAHASSEE FL 32308

Mailing Address
 P.O. BOX 13175
 TALLAHASSEE FL 32317-3175
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1990	
4. FEI Number 59-3016392	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NOT REQUIRED PURSUANT TO 607.034 (2) FLORIDA STATUTES FL		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 title if applicable (NOT Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DUGGAR, ELAINE N.				
STREET ADDRESS	1888 OXBOTTOM ROAD				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DUGGAR, THOMAS E.				
STREET ADDRESS	1888 OXBOTTOM ROAD				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BLANKENSHIP, MICHAEL L.				
STREET ADDRESS	4123 WODVILLE HIGHWAY				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	VAUSE, J. LEE				
STREET ADDRESS	POST OFFICE BOX 1236				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	NIXON, F.C.				
STREET ADDRESS	3141 ORTEGA DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ATKINS, KATHLEEN B.				
STREET ADDRESS	1781 MARSTON PLACE				
CITY-ST-ZIP	TALLAHASSEE FL 32312				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS	57 SPRINGVIEW DR.				
4.4 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Nurse B. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99

Date

BED-668-4034

Daytime Phone #

CR2E034 (11/98)

First Bank
Additional Officers & Directors

K40365

408267-90003-55

D
Donnellan Jr., Dr. William G.
1249 Penny Lane
Tallahassee, FL 32312

D
Childers, William E.
2241 Armistead Rd.
Tallahassee, FL 32312

D
Council, Nancy T.
County Rd. 274
Quincy, FL 32353

D
Gunter Jr., William D.
1545 Raymond Diehl Rd.
Tallahassee, FL 32308

D
Winn Stephen R.
1424 Ox Bottom Rd.
Tallahassee, FL 32312

V
Andrews, Suzanne B.
2984 Whirlaway Trail
Tallahassee, FL 32308

V
Chandler, Tami H.
920 Hawthorne Street
Tallahassee, FL 32308