FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:23

DOCUMENT # M05334 (1)

1. Corporation Name

FIRST COMMERCIAL FINANCIAL CORPORTION

Principal Place of Business	Mailing Address
410 CORTEZ RD. W. P.O. BOX B (ZIP 34206) BRADENTON FL 34207 US	410 CORTEZ RD. W. P.O. BOX B (ZIP 34206) BRADENTON FL 34207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1984
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2692911 ☐ 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

9. Name and Address of Current Registered Agent

GRIMES, CALEB J.
1023 MANATEE AVE. W.
BRADENTON FL 33505

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	D/C	☐ Change ☒ Addition
NAME	TURNER, WAYNE M.	1.2 NAME	GRIMES, WILLIAM C	
STREET ADDRESS	1315 91ST CT NW	1.3 STREET ADDRESS	4414 24TH AVE E	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	PALMETTO FL	
TITLE	D	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BENNETT, THOMAS C. JR.	2.2 NAME	DOSS, JAMES M	
STREET ADDRESS	900 KAY RD	2.3 STREET ADDRESS	1400 1ST AVE W #503	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON FL	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MULLER, LLOYD	3.2 NAME	SMATHERS, BRUCE A	
STREET ADDRESS	464 MEADOW LARK DR	3.3 STREET ADDRESS	4312 PAWNEE ST	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KENNEDY, JOYCE A.	4.2 NAME	GRIMES, CALEB J	
STREET ADDRESS	2201 - 7TH STREET W	4.3 STREET ADDRESS	3612 16TH AVE E	
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	PALMETTO FL	
TITLE	D	5.1 TITLE	S	☐ Change ☒ Addition
NAME	GOODSON, MARK W	5.2 NAME	SMITH, KAREN F	
STREET ADDRESS	1600 - 17TH STREET W	5.3 STREET ADDRESS	2021 57TH ST E	
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	BRADENTON FL	
TITLE	DP	6.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, BRYCE W	6.2 NAME		
STREET ADDRESS	5105 8TH AVE DR W	6.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP		

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: _____ 3/1/95 813-756-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037808 CP