DOCUMENT # P0100054664 1. Entity Name FIRST COMMUNITY INTERNATIONAL CORPORATION						FILED 02 APR 11 AN 9:36	
Principal Place of Business 360 CENTRAL AVENUE ST. PETERSBURG FL 33701		Mailing Address 380 CENTRAL AVENUE ST. PETERSBURG FL 33701				SECRETARY OF STATE TALLAWASSEE, FLORIDA	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State				4. FEI Number Applied For Not Applied For Not Applied For	
Zip Country		Zip Counti		y .		5. Certificate of Status Desired See Required Not Applicable	
	6. Name and Address of Current Re	egistered Agent				7. Name and Address of New Registered Agent	
DELANO, G. KRISTIN 360 CENTRAL AVENUE ST. PETERSBURG FL 33701				Street Add	David B. Snyder Address (P.O. Box Number is Not Acceptable) 360 Central Ave. St. Petersburg FL Zip Code 33701		
8. The above named latty substitution is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature David B. Snyder, Esq. 3/15/02							
11. OFFICERS AND DIRECTORS 12.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P, D, C Menke, Robert M. 360 Central Ave.	□ Delete	TITLE NAME	ADDRESS 3	360 C	Change Addition F, Nancy C. Central Ave. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T. Hussemann, Edwin C. 360 Central Ave. St. Petersburg, FL 3	□ Delete	TITLE NAME STREET	ADDRESS 3	360 C	☐ Change Addition or, David B. Central Ave. Petersburg, FL 33701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Meehan, David K. 360 Central Ave. St. Petersburg, FL 3	□ Delete	TITLE NAME STREET	ADDRESS 3	360 C	☐ Change ★ Addition ley, Robert G. Central Ave.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	NAME STREET A	ADDRESS		2000053897722 -04/30/0201020001 ***7972.75 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A	ADDRESS T-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	ADDRESS 1-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my ered to execute this report as	sionature	e shall have	e the sar	on 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE: Nancy C. Haire 3/15/02 727 823-4000

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT Secret 27889 Daytime Phone #