

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050448 (7)

1. Corporation Name

FIRST COMMUNITY FINANCIAL CORPORATION

Principal Place of Business

360 CENTRAL AVE.
ST. PETERSBURG FL

Mailing Address

360 CENTRAL AVE.
ST. PETERSBURG FL

100001473001
-05/03/95--01061--001
***2000.00 ***200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

30

4. FEI Number

59-3256593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for changeable tax under C. 129.002,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELANO, G. KRISTIN
360 CENTRAL AVE.
ST. PETERSBURG 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.

G. Kristin Delano

SIGNATURE

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when replacing)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	MENKE, ROBERT N
3. STREET ADDRESS	360 CENTRAL AVE.
4. CITY, ST, ZIP	ST. PETERSBURG FL
1. TITLE	D
2. NAME	MEEHAN, DAVID K
3. STREET ADDRESS	360 CENTRAL AVE.
4. CITY, ST, ZIP	ST. PETERSBURG FL
1. TITLE	D
2. NAME	HUSSEMAN, EDWIN C
3. STREET ADDRESS	360 CENTRAL AVE.
4. CITY, ST, ZIP	ST. PETERSBURG FL
1. TITLE	D
2. NAME	DELANO, G. KRISTIN
3. STREET ADDRESS	360 CENTRAL AVE.
4. CITY, ST, ZIP	ST. PETERSBURG FL
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Menke, Robert M.
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(b), 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano, Secretary

(813) 823-4000