

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3256593

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

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.

SIGNATURE

Signature typed or printed name of registered agent in Block 9. Agent's name

(NOTE: Registered Agent signature required when registered agent changes)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

D/C

☒ Change ☐ Addition

NAME
MENKE, ROBERT M
STREET ADDRESS
360 CENTRAL AVE.
CITY-ST-ZIP
ST. PETERSBURG FL

1.2 NAME

MENKE, ROBERT M.

1.3 STREET ADDRESS

360 Central Ave.

1.4 CITY-ST-ZIP

St. Petersburg, FL

TITLE ☐ DELETE

2.1 TITLE

D/P

☒ Change ☐ Addition

NAME
MEEHAN, DAVID K
STREET ADDRESS
360 CENTRAL AVE.
CITY-ST-ZIP
ST. PETERSBURG FL

2.2 NAME

MEEHAN, DAVID K.

2.3 STREET ADDRESS

360 Central Ave.

2.4 CITY-ST-ZIP

St. Petersburg, FL

TITLE ☐ DELETE

3.1 TITLE

D/T

☒ Change ☐ Addition

NAME
HUSSEMAN, EDWIN C
STREET ADDRESS
360 CENTRAL AVE.
CITY-ST-ZIP
ST. PETERSBURG FL

3.2 NAME

HUSSEMAN, EDWIN C.

3.3 STREET ADDRESS

360 Central Ave.

3.4 CITY-ST-ZIP

St. Petersburg, FL

TITLE ☐ DELETE

4.1 TITLE

D/S

☒ Change ☐ Addition

NAME
DELANO, G. KRISTIN
STREET ADDRESS
360 CENTRAL AVE.
CITY-ST-ZIP
ST. PETERSBURG FL

4.2 NAME

DELANO, G. KRISTIN

4.3 STREET ADDRESS

360 Central Ave.

4.4 CITY-ST-ZIP

St. Petersburg, FL

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

200001798122

04/29/96-01032-011

***7800.00

☐ Change ☐ Addition

32
421

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano, Secretary

February 29, 1996

(813) 823-4000 ext. 4416

Date

Daytime Phone #

CR2E034 (12/95)