Applied For

Fee Required **\$5.00** May Be

Added to Fees

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400055066

1. Corporation Name

FIRST COMMUNITY FINANCIAL GROUP, INC.

Country

Principal Place of Business	Mailing Address
360 CENTRAL AVE ST PETERSBURG FL 33701	360 CENTRAL AVE ST PETERSBURG FL 33701
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90301 001 *4,500.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

07/22/1994 4. FEI Number

59-3256595

24	25	29	;	30			Per	rsonal Property	Tax.		X les		
<u> </u>	9. Name and	Address of Current Regis	tered Agent				10. Na	me and Addre	ss of New R	egistered A	\gent		
				-	81	Name							
DELANO, G K						Street Ad	dress (P.O.	Box Number is	Not Accepta	ble)			
360 CENTRAL AVE					82	0.000							
ST	PETERSBURG I	FL 33710		[-	83								
				F	24	6 14					85	Zip Co	vde -
				[]	84	City				FL	83	Zip Ot	,de
office or	registered agent.	of Sections 607.0502 and 6 or both, in the State of Floric and accept the obligations of	la. Such change was au	thorized	by tr	named co ne corpora	orporation sul ation's board	bmits this state of directors. I	ment for the p nereby accep	ourpose of o t the appoin	changin Itment a	g its regi	egistered stered
•													ļ
SIGNATURE	Signature, typed or pri	nted name of registered agent and title	f applicable. (NOTE: I	Registered A	Agent :	signature requ	uired when reinsta			DATE			
12.		OFFICERS AND DIRE	CTORS	13.			ADD	DITIONS/CHAN	GES TO OFF	ICERS AN			
TITLE	DP -		☐ DELETE	1.1 TITL	LE		DCP				XCha	nge	Addition
NAME	MENKE, ROB	BERT M		1.2 NAM	ME								
STREET ADDRESS	TALL OF ITTO			1.3 STR	REETA	ODRESS							
CITY-ST-ZIP	ST PETERSB	URG FL 33701		1.4 CIT	Y-ST-	ZIP							
TITLE	D		☐ DELETE	2.1 TITL	LE						☐ Cha	nge	☐ Addition
NAME	MEEHAN, DA	VID K		2.2 NA	ME	Ì							· ·
STREET ADDRESS	s 360 CENTRA	L AVE		2.3 STF	REETA	DDRESS							
CITY-ST-ZIP					TY-ST-	ZIP							
TITLE	DT		DELETE 3.1		LE						☐ Cha	nge	☐ Addition
NAME	HUSSEMANN	I. EDWIN C		3.2 NA	ME								
STREET ADDRESS	AAA OFNITOA			3.3 STF	REETA	DORESS							
CITY-ST-ZIP	1	URG FL 33701		3.4. CIT	ry-st-	ZIP							
TITLE	DS		☐ DELETE	4.1 TITLE							☐ Cha	nge	☐ Addition
NAME	DELANO, G	K		4. 2 NA	ME	1							
STREET ADDRESS				4.3 STF	REET A	NDDRESS							
CITY-ST-ZIP	1	URG FL 33701		4.4 CIT		1							
TITLE	DEVP		☐ DELETE	5.1 TITL							Cha	nge	Addition
NAME	MENKE, ROE	BERT G		5.2 NAM	ME	į							
STREET ADDRESS				5.3 STF	REET A	ODRESS							
CITY-ST-ZIP	ST PETERSB			5.4 C/T	Y-\$T-	ZIP [
TITLE	31 1 2121100		☐ DELETE	6.1 TIT	LE		··········	· · · · · · · · · · · · · · · · · · ·			Cha	nge	Addition
NAME				6.2 NA	ME								
STREET ADDRESS	s			6.3 STF	REET #	ADDRESS							
CITY-ST-ZIP	1			6.4 CIT	Y-ST-	ZIP							
14 I horoby	certify that the inf	ormation supplied with this f	ling does not qualify for	the exen	nptio	n stated in	n Section 11	9.07(3)(i), Flori	da Statutes. I	further cert	ify that	the in	formation
indicated	d on this annual re	port of supplemental annual	report is true and accur	ate and t	that i	my signati	ure shall hav	e the same leg	al effect as if	made unde	r oath;	ınat 🧗	am an

Country

officer or director of the corporation of 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 an an attachment with an address, with all other like empowered.

SIGNATURE: