

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000013173 (5)**

1. Corporation Name

FIRST BANK HOLDING COMPANY



Principal Place of Business

**1997 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308**

Mailing Address

**1997 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1996	
21		26		4. FEI Number 59-3421304	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**NIXON, F C
1997 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, F C	1.2 NAME	
STREET ADDRESS	3141 ORTEGA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGHLIN, SUZANNE B	2.2 NAME	
STREET ADDRESS	2984 WHIRLAWAY TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, KATHLEEN B	3.2 NAME	Atkins, Kathleen B.
STREET ADDRESS	5500 PIMICO DRIVE	3.3 STREET ADDRESS	1781 Marston Place
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, MICHAEL L	4.2 NAME	
STREET ADDRESS	4123 WOODVILLE HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, WILLIAM E	5.2 NAME	
STREET ADDRESS	2241 ARMISTEAD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNCIL, NANCY T	6.2 NAME	
STREET ADDRESS	COUNTY RD. 274	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32353	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

Suzanne B. Coughlin

Suzanne B. Coughlin

1/28/98

(850) 668-4034

CR2E034 (10/97)