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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000059726 (5)

FIRST COMMUNITY BANK HOLDING CORPORATION

Principal Prace of Business Mailing Address 2240 SOUTH VOLUSIA AVENUE 2240 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763-7614 ORANGE CITY FL 32763 3. Date Incorporated or Qualified 3a. Date of Last Report 07/16/1996 2a. Mading Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 **Etorida Statutes** 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ENGLERT, TIMOTHY WM. 2329 RIVER RIDGE ROAD #12 82 Street Address (P.O. Box Number is Not Acceptable) **DELAND FL 32720** 83 84 City 85 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, typercor primed rame of regerered agent and blied applicable (NOTE. Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Addition 11 TITLE THILE PAUL HALLAN ENGLERT, TIMOTHY WM. 1.2 NAME NAME 675 DAKTREE TERMOR 2329 RIVER RIDGE ROAD #12 13 STREET ADDRESS STREET ADDRESS DEMMO FL 32724 DELAND FL 32720 1.4 City-ST-ZIP CITY - ST - ZIP DELETE 21 TITLE TIFLE WILSON DSCAR HOLZMAN, GORDON E 2.2 NAME NAME 734 PINE SHUNES CIRCLE 1988 QUAIL HOLLOW DR 2.3 STREET ADDRESS STREET ACCRESS NOW SMYRNA Ach FL DELAND FL 32720 2 4 CITY-ST-7IP CITY-ST-ZIP Change Joseph DELETE 3.1 TITLE SHADICK Addition TITLE EVANS, MILTON E 3.2 NAME 303 HUNTMGTON Un. 1473 N VOLUSIA AVE 3.3 STREET ADDRESS STREET ADDRESS DELAND FT **ORANGE CITY FL 32763** 3.4. C(TY-ST-ZIP CITY - ST- ZIP DELFTE 4.1 TITLE MEMILLON MILTON TITLE 900 Spring SAMORN RAICH Rd 4 2 NAME HAYMAN, STEPHEN W NAME 998 W TORCHWOOD DR 4.3 STREET ADDRESS STREET ADDRESS DELAM **DELAND FL 32724** 4.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE Nosadh A HEARD, RICHARD O 5.2 NAME NAME 205 BARRINGTON AVE 5.3 STREET ADDRESS STREET ADDRESS **DELAND FL 32720** 5.4 CITY - ST - ZIP CITY - ST - Z-P Change Addition DELETE 6.1 TITLE THE 6.2 NAME NAME LACEY, EDWARD T 6.3 STREET ADDRESS STREET ADDRESS 2327 SOUTHERN PINES PL

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - S1 - ZIP

DELAND FL 32724

 I do hereby certify that the information indicated on this anni I am an officer or director of the appears in Block 12 or Block 1

> NTED NAME OF SIGNING OFFICER OR DIRECTOR

an attachment with an address.

th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the updemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Jan 16 1997 8:00am

Secretary of State

(96/6)