

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

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90060 032 \*\*\*150.00

DOCUMENT # P96000059726

1. Corporation Name

FIRST COMMUNITY BANK HOLDING CORPORATION

Principal Place of Business  
2240 SOUTH VOLUSIA AVENUE  
ORANGE CITY FL 32763

Mailing Address  
2240 SOUTH VOLUSIA AVENUE  
ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1996

4. FEI Number

59-3394606

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGLERT, TIMOTHY WM. DP  
2329 RIVER RIDGE ROAD #12  
DELAND FL 32720

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 ☐ DELETE

NAME  
HARLAN, PAUL  
STREET ADDRESS  
675 OAKTREE TERRACE  
CITY-ST-ZIP  
DELAND FL

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
WILSON, OSCAR  
1.3 STREET ADDRESS  
734 PINE SHORE CIRCLE  
1.4 CITY-ST-ZIP  
NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME  
HOLZMAN, GORDON E  
STREET ADDRESS  
1988 QUAIL HOLLOW DR  
CITY-ST-ZIP  
DELAND FL 32720

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
SHADICK, JOSEPH  
2.3 STREET ADDRESS  
303 HUNTINGTON BL.  
2.4 CITY-ST-ZIP  
DELAND FL 32720

TITLE ☐ DELETE

NAME  
EVANS, MILTON E  
STREET ADDRESS  
1473 N VOLUSIA AVE  
CITY-ST-ZIP  
ORANGE CITY FL 32763

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
MCMILLON, MILTON  
3.3 STREET ADDRESS  
906 SPRING GARDEN RANCH RD  
3.4 CITY-ST-ZIP  
DELAND FL 32720

TITLE ☐ DELETE

NAME  
HAYMAN, STEPHEN W  
STREET ADDRESS  
998 W TORCHWOOD DR  
CITY-ST-ZIP  
DELAND FL 32724

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
HEARD, RICHARD O  
STREET ADDRESS  
205 BARRINGTON AVE  
CITY-ST-ZIP  
DELAND FL 32720

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
LACEY, EDWARD T  
STREET ADDRESS  
2327 SOUTHERN PINES PL  
CITY-ST-ZIP  
DELAND FL 32721

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99

904-775-3115