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Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000005528 (9)

1. Corporation Name
FIRST COMMUNITY INVESTMENT COMPANY, INC.

Principal Place of Business
104 SOUTH LAKE AVENUE
PAHOKEE FL 33476

Mailing Address
104 SOUTH LAKE AVENUE
PAHOKEE FL 33476



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0724393	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORRIS, DALE W 104 SOUTH LAKE AVENUE PAHOKEE FL 33476		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/C
NAME	STUBBS, SIDNEY A JR.	1.2 NAME	Dale W. Morris
STREET ADDRESS	P.O. BOX 3475 N/A	1.3 STREET ADDRESS	104 S. Lake Ave.
CITY-ST-ZIP	W. PALM BEACH FL 33402-3475	1.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D	2.1 TITLE	EVP
NAME	CREWS, J. W JR.	2.2 NAME	Joseph E. Henderson
STREET ADDRESS	P.O. BOX 248 N/A	2.3 STREET ADDRESS	104 S. Lake Ave.
CITY-ST-ZIP	WAUCHULA FL 33873-0248	2.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D	3.1 TITLE	
NAME	PATE, S. C	3.2 NAME	
STREET ADDRESS	209 S. MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	POPE, EDWARD L JR.	4.2 NAME	
STREET ADDRESS	P.O. BOX 697 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL 33476-0697	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ALVAREZ, GILBERTO	5.2 NAME	
STREET ADDRESS	400 NE 2ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430-2028	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MCINTOSH, H. KENNETH	6.2 NAME	
STREET ADDRESS	5122 S.E. NASSAU TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	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: *Joseph E. Henderson* 3/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # 0359945

CR2E034 (10/97)