

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 20, 1999 8:00 am  
Secretary of State

02-20-1999 90170 038 \*\*\*150.00

DOCUMENT # P97000005528

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

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

65-0724393

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

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

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

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

TITLE PC  
NAME MORRIS, DALE W  
STREET ADDRESS 104 S LAKE AVE  
CITY-ST-ZIP PAHOKEE FL 33476

☐ DELETE

TITLE EVP  
NAME HENDERSON, JOSEPH E  
STREET ADDRESS 104 S LAKE AVE  
CITY-ST-ZIP PAHOKEE FL 33476

☐ DELETE

TITLE D  
NAME PATE, S. C  
STREET ADDRESS 209 S. MAIN STREET  
CITY-ST-ZIP BELLE GLADE FL 33430

☐ DELETE

TITLE D  
NAME POPE, EDWARD L JR.  
STREET ADDRESS P.O. BOX 697  
CITY-ST-ZIP PAHOKEE FL 33476-0697

☐ DELETE

TITLE D  
NAME ALVAREZ, GILBERTO  
STREET ADDRESS 400 NE 2ND STREET  
CITY-ST-ZIP BELLE GLADE FL 33430-2028

☐ DELETE

TITLE D  
NAME MCINTOSH, H. KENNETH  
STREET ADDRESS 5122 S.E. NASSAU TERR  
CITY-ST-ZIP STUART FL 34997

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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

2/9/99

Date

561-924-5272

Daytime Phone #

CR2E034 (1/1/98)

037406