

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

0014692

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000066476

1. Corporation Name

FIRST CAPITAL BANK HOLDING CORPORATION

Principal Place of Business
**303 CENTRE STREET
SUITE 100
FERNANDINA BEACH FL 32034**

Mailing Address
**303 CENTRE STREET
SUITE 100
FERNANDINA BEACH FL 32034**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1998

4. FEI Number

59-3532208

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 1875 S. 14th St.

2a. Mailing Address

26 P.O. Box 15700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE A

27 FERNANDINA BEACH FL

City & State

City & State

23 FERNANDINA BCH FL

28 FERNANDINA BCH FL

Zip

Country

Zip

Country

24 32034 25 USA

29 32035 30 USA

9. Name and Address of Current Registered Agent

**WOOD, MARSHALL E ESQ.
303 CENTRE STREET
SUITE 100
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1875 S. 14th St.

83

SUITE A

84 City

FERNANDINA BCH FL

85 Zip Code

32034

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 ☐ DELETE
NAME **POSTD GARNER, SUELLEN R**
STREET ADDRESS **5205 LEEWARD COVE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P.D. SANCHEZ MICHAEL G**
2.3 STREET ADDRESS **2788 S. OCEAN OAKS**
2.4 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **MCCARROLL, LOAIE L.**
3.3 STREET ADDRESS **2334 E. STATE RD 200 STE 300**
3.4 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **S.D. PETERS, ROBERT**
4.3 STREET ADDRESS **2855 OCEAN DRIVE**
4.4 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **ANDERSON RON**
5.3 STREET ADDRESS **4704 GENOA DR.**
5.4 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D. BRYAN, CHRISTINE**
6.3 STREET ADDRESS **2006 SUMAISE DR.**
6.4 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

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 #

CR2E034 (11/98)

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237816-90034-3
P98000066476

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

FIRST CAPITAL BANK HOLDING
CORP.

Principal Place of Business

Mailing Address

PG 2



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

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

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12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
1.2 NAME	D CARTER, C. BRETT
1.3 STREET ADDRESS	219 PETERS RD.
1.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
2.2 NAME	D HALEY, WILLIAM K.
2.3 STREET ADDRESS	1887 RIDGEWOOD DRIVE
2.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
3.2 NAME	D MILLER, DAVID
3.3 STREET ADDRESS	1610 S. 8th ST.
3.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
4.2 NAME	D MOCK, WILLIAM J.
4.3 STREET ADDRESS	1676 REGATTA DRIVE
4.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
5.2 NAME	D MURPHY, MARLENE
5.3 STREET ADDRESS	2700 MIZELL ST #901
5.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
6.2 NAME	D PIPER, LAWRENCE
6.3 STREET ADDRESS	570 PEEPLES RD.
6.4 CITY-ST-ZIP	JULIE, FL 32097

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NAME
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TITLE ☐ DELETE
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STREET ADDRESS
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2.1 TITLE ☐ Change ☒ Add:
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