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

DOCUMENT # P98000066476

FIRST CAPITAL BANK HOLDING CORPORATION

Principal Place of Business	Mailing Address
303 Centre Street Suite 100 Fernandina Beach FL 32034	303 Centre Stri Suite 100 Fernandina Bea

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

03-17-1999 90034 003 ***150.00



Principal Place	e of Business	Mailing Address		
303 CENTRE STREET 303 CENTRE STREET				
SUITE 100 SUITE 100				DO NOT MIDITE IN THIS SPACE
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034			ŀ	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
		Y		07/29/1998
<u> </u>	lace of Business	2a. Mailing Address	a	4. FEI Number Applied For Applied For
21 1875			70D	59 - 353 2 2 08 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	(4 12 - (5. Certificate of Status Desired Fee Required
	WITE-A-	27 TEKN#10-0-15	H OCK	
City & Stat		City & State	a 10 a d 1	6. Election Campaign Financing \$5.00 May Be
	ANDINA BCH FL	28 FERNANDINI	1 DCH+1	Trust Fund Contribution Added to Fees
Zip	Country	Zip 32035: 30	Country '	8. This corporation owes the current year Intangible
24 <u>32</u> 0			<u>usa</u>	Personal Property Tax. Yes No
	9. Name and Address of Current F	Registered Agent	941 No.	10. Name and Address of New Registered Agent
Wor	DD, MARSHALL E ESQ.		81 Name	,
			82 Stree	Address (P.O. Box Number is Not Acceptable)
I	CENTRE STREET		12	375 S.144 St.
	E 100		83	SILITE A
PERI	NANDINA BEACH FL 32034		84 Çity	85 Zip Code
				ERNANDINIA BOH FL 32034
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes,	the above-name	d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of. Section 607.0505. Florida	orized by the cor Statutes.	poration's board of directors. I hereby accept the appointment as registered
	,,,, tallina, via,, all accept the oxing	,,,		
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Reg	istered Agent signatur	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ ☐ Change ☐ Addition
NAME	GARNER, SUELLEN R		1.2 NAME	
STREET ADDRESS	5205 LEEWARD COVE		1.3 STREET ADDRES	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	P. → ☐ Change ☑ Addition
NAME			2.2 NAME	SANCHEZ MICHAEL G
STREET ADDRESS			2.3 STREET ADDRES	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
CITY-ST-ZIP.			.2.4 CITY-ST-ZIP	FERNANDINA BCHPL 32034
TITLE		DELETE	:3.1 TITLE :	Change CAddition
NAME	,		3.2 NAME	MCCARROLL, LORIE L.
STREET ADDRESS			3.3 STREET ADDRES	0- 0- 7-
				FERNAN DINA BCH FL 32034
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	SD Change Addition
l '	<u> </u>	C beer,	4. 2 NAME	PETERS ROBERT
NAME				
STREET ADDRESS	<u> </u>	•	4.3 STREET ADDRES	
CITY-ST-ZIP	<u> </u>	□ DELETE	4.4 CITY-ST-ZIP	FERNANDINA 3CH FC 92094 Change Addition
TITLE		☐ NFTEIE	5.1 TITLE	
NAME			5.2 NAME	HAULKSON KON
STREET ADDRESS			5.3 STREET ADDRES	
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP	FERNANDINA BCHFL 32034
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	BRYAN, CHRISTINE 2006 SUNRISE DR. FERNANDINA BCH FL 32034
STREET ADDRESS	·		6.3 STREET ADDRES	2006 SUNAINE DR
CITY-ST-ZIP			6.4 CITY-ST-ZIP	FERNANDINA BCH FL UXU34

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 Collins

SIGNATURE

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CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

1. Corporation Name

FIRST CAPITAL BANK HOLDING

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mailing Address

237816-90634-3 79800066476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Principal Place of Business				2a. Mailing Address						4.	FEI Number		Appu	eu rur	
			2	26					Į	Į.		Ţ.	Not A	Applicable	
State Ant # etc				Suite, Apt. #, etc.						\$8.75 Additional					
Suite, Apt. #, etc.			 -	-					- 1	5.	Certificate of Status Desired		e Requ		
22					·				<u></u>	 					
	City & State City &			& State	State				6.	Election Campaign Financing	-	м-00.	-		
23			8						1	Trust Fund Contribution	Add	ded to	rees		
	Zip	Country Zip Country				- 1	8.	This corporation owes the current year Inta	ngible		_				
				30			J	l	Personal Property Tax.	☐ Yes]No [
24			Address	of Current Re	gistered	Agent					10.	Name and Address of New Registered	gent		
		3. 110			<u> </u>			81	Name						
								82 Street Address (P.O. Box Number is Not Acceptable)							,
								83	ĺ						ĺ
								-	-				85	Zip Co	!
								84	City			Fi.	83	Zip Cu	ue
			10-	- 607 0500	4 007 45	DR. Clasida Ctati	100 1	ha 2524	1	20000	ration	n submits this statement for the purpose of	changir	o its re	aistereal
11.	. Pursuant to	o the provisions distered agent	or both in	the State of Fi	onda. Su	oo, Fibrica Statu ch change was :	iies, i autho	rized by	the corp	oration	's bo	pard of directors. I hereby accept the appoin	itment	as regi	stered
	agent. I am	n familiar with,	and accept	the obligations	of, Sect	on 607.0505, Fl	orida	Statutes	i. '			•			
~	^TUDE														
211	GNATURE 3	Signature Types or pi	nnied name of re	egisterec agent and	The 1 applica	ible. (NOT	E: Regi	stered Ager	nt signature	required v	when r	reinstating) DATE			
12			OFFI	CERS AND D	RECTO	เร		13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN .2
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NA.	ĺ						1	_		1,,,,	7	96 REGATTA DRIVE	:		
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717	nε j					☐ DEFELE		5.1 TITLE		3				ange	₩ Acc
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gn	TY-ST-ZIP							6.4 CITY-			V	ULEE, FL 32097_			
1	4 1 haraby a	ertify that the in	nformation :	supplied with the	nis filing (does not qualify	for the	e exemp	tion state	ed in S	ectio	on 119 07/3(i) Florida Statutes I further ce	tify tha	t the in	formatio
	indicated.	an this assured		aciomostal an	A	or ic leas and as		a sad th	at Miviera	in sturie	e ha	ili nave me same lenal eneci as il made unu	CI UGUI	, unut i	Q111 Q111
	Block 12	oirector of the (or Block 13 if of	corporation :	or the receiver	or truste ent with a	e empowered to an address, with	exec Ito ila	tule inis her like e	report as	s requir ed.	160 D	by Chapter 607, Florida Statutes; and that n			
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*FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

Country

9. Name and Address of Current Registered Agent

25

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

Principal Place of Business

Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

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Zip

Corporation Name

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Zip Code

185

	DO NOT WRITE IN THIS	SPACE
	3. Date incorporated or Qualifed	,
	4. FEI Number	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
	This corporation owes the current year in Personal Property Tax.	tangible
	10. Name and Address of New Registered	Agent
Name		
Street Addr	ess (P.O. Box Number is Not Acceptable)	

SIGNATURE Signature, your or printed name of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 12. DELETE TITLE ---<u>-</u>E TREVETT, HARRY 8144 SUMMIT TRIDGE LANE TREVETT. 12 NAME · AME : 3 STREET ADDRESS STREET ADDRESS 32256 JACKSON VIL 1.4 CITY - 3T-ZIP ~ ST-ZF D Addit DELETE 2.1 TITL€ TTLE EDWARD WILSON. 2.2 NAME NAME 263 MARSH LAKES DRIVE 2.3 STREET ADDRESS STREET ADDRESS 2:4 CITY-ST-ZIP = CITY-ST-ZIP DELETE 3.1 TITLE TITLE WOOD MARSHALL 3.2 NAME NAME 12 BELTED KINGFISHER RD 3.3 STREET ADDRESS STREET ADDRESS AMELIA ISLAND PL. 3.4 CITY-ST-ZIP CITY-ST-ZIP Acoi DELETE 41 TITLE TITLE 4, 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZP Change Acc DELETE 51 TIDE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Acc 6.: TITLE DELETE 777) E WHE 62 NAME 63 STREET ADDRESS STREET ADDRESS

Country

B1 Name

83

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 Flonda. 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, Flonda Statutes.

City

30

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 informatio 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR