


FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90066 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000099141 1. Corporation Name FIRST COMMUNITY BANCORP, INC.					
Principal Place of Business 104 SOUTH LAKE STREET PAHOKEE FL 33476-1888			Mailing Address 104 SOUTH LAKE STREET PAHOKEE FL 33476-1888		
<div style="text-align: right;">DO NOT WRITE IN THIS SPACE</div>					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 11/23/1998			4. FEI Number 65-0879475		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent MORRIS, DALE W 104 SOUTH LAKE STREET PAHOKEE FL 33476-1888			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Morris, Dale W.		1.2 NAME		
STREET ADDRESS	104 S. Lake Ave.		1.3 STREET ADDRESS		
CITY-ST-ZIP	Pahokee, FL 33476		1.4 CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Henderson, Joseph E.		2.2 NAME		
STREET ADDRESS	104 S. Lake Ave.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Pahokee, FL 33476		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Pate, S.C.		3.2 NAME		
STREET ADDRESS	209 S. Main St.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Belle Glade, FL 33430		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Pope, Edward L. Jr.		4.2 NAME		
STREET ADDRESS	PO Box 697		4.3 STREET ADDRESS		
CITY-ST-ZIP	Pahokee, FL 33476		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Alvarez, Gilberto		5.2 NAME		
STREET ADDRESS	400 NE 2nd St.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Belle Glade, FL 33430		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	McIntosh, H. Kenneth		6.2 NAME		
STREET ADDRESS	5122 SE Nassau Terrace		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)(l), 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: *Katherine Harris*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 561-924-5272

Date Daytime Phone #

CR2E034 (11/98)