FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # S05633 (0)

1. Corporation Name
FIRST CITY BANK OF FORT WALTON

Principal Place of Business
135 PERRY AVENUE. SE
FT. WALTON BEACH FL 32548

Mailing Address
P.O. BOX 2977
FT. WALTON BCH. FL 32549

3. Date Incorporated or Qualified: 01/11/1991
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-0612190 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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

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 ________

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	ABERNETHY, JAMES T.	
STREET ADDRESS	547 POCAHONTAS	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	☐ DELETE
NAME	LANGSTON, JAMES H.	
STREET ADDRESS	58 BEAL PKWY.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	☐ DELETE
NAME	MCGEE, KATHRINE C.	
STREET ADDRESS	47 BAY DRIVE, NE	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	D	☐ DELETE
NAME	MCGEE, JOHN C.	
STREET ADDRESS	135 PERRY AVENUE, SE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	☐ DELETE
NAME	PRINCE, G. L. JR.	
STREET ADDRESS	P. O. BOX 190 N/A	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1-1 TITLE	Director	☐ Change ☒ Addition
1-2 NAME	Frederick L. Pryor	
1-3 STREET ADDRESS	621 W. Miracle Strip Pkwy	
1-4 CITY-ST-ZIP	Mary Esther, Fl 32569	
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		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 2-1-96 904-244-5751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day Phone #