

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 2877 FT. WALTON BCH. FL 32549-2877
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/11/1991	3a. Date of Last Report 02/06/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0612190		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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

Signature of registered agent and title, if applicable

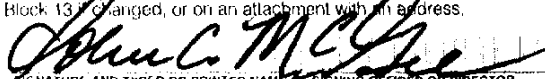
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABERNETHY, JAMES T.	1.2 NAME	
STREET ADDRESS	547 POCAHONTAS	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LANGSTON, JAMES H.	2.2 NAME	
STREET ADDRESS	58 BEAL PKWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MC GEE, KATHRINE C.	3.2 NAME	
STREET ADDRESS	47 BAY DRIVE, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MC GEE, JOHN C.	4.2 NAME	
STREET ADDRESS	135 PERRY AVENUE, SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PRINCE, G. L. JR.	5.2 NAME	
STREET ADDRESS	P. O. BOX 190 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PRYOR, FREDERICK L.	6.2 NAME	
STREET ADDRESS	621 W MIRACLE STRIP PKWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	6.4 CITY-ST-ZIP	

14. I do 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 contained 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

904-244-5151

Date

Daytime Phone #

0469616

CR2E034 (9/96)