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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

DOCUMENT # **S05633** **(0)**

1. Corporation Name
FIRST CITY BANK OF FORT WALTON

Principal Place of Business	Mailing Address
135 PERRY AVENUE. SE FT. WALTON BEACH FL 32548	P.O. BOX 2977 FT. WALTON BCH. FL 32549-2977

3. Date Incorporated or Qualified: 01/11/1991
3a. Date of Last Report: 02/06/1996

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

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

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 _____ (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	MCGEE, 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	MCGEE, 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	

CR2E034 (9/96)

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 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: John C. McGee 4/7/97 904-244-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489816