

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000001498

Entity Name: THE FIRST PORT CITY BANK**Current Principal Place of Business:**400 WEST SHOTWELL STREET
BAINBRIDGE, GA 39819**Current Mailing Address:**P O BOX 1070
BAINBRIDGE, GA 39818 US**FEI Number:** 58-1178459**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEO
Name EWING, SCOTT
Address 400 WEST SHOTWELL STREET
City-State-Zip: BAINBRIDGE GA 39818

Title EVP
Name JERNIGAN, NANCY
Address 400 WEST SHOTWELL STREET
City-State-Zip: BAINBRIDGE GA 39818

Title EVP
Name CHILDERS, DURAND
Address 400 WEST SHOTWELL STREET
City-State-Zip: BAINBRIDGE GA 39818

Title CFO
Name CARROLL, MARVALYNN W
Address 400 WEST SHOTWELL STREET
City-State-Zip: BAINBRIDGE GA 39818

Title AVPS
Name WARREN, STACY AVP/SECRETARY
Address P O BOX 1070
400 WEST SHOTWELL STREET
City-State-Zip: BAINBRIDGE GA 39818

Title VPSO
Name NUSSBAUM, III, MELVIN H
Address 400 WEST SHOTWELL STREET
City-State-Zip: BAINBRIDGE GA 39818

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARVALYNN W CARROLL

EVP/CFO

03/15/2023

Electronic Signature of Signing Officer/Director Detail

Date