FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:57

DOCUMENT # 012311 (7)

1. Corporation Name
FIRST BANK OF IMMOKALEE

Principal Place of Business	Mailing Address
1400 NORTH 15 STREET IMMOKALEE FL 33934	1400 NORTH 15 STREET IMMOKALEE FL 33934

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/07/1923
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-0153880 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PRICE, STEPHEN L.
1400 NORTH 15 STREET
IMMOKALEE FL 33934

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	WHISNANT, JACK	1.2 NAME	
STREET ADDRESS	395 NORTH 15 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	HASKEW, GARY R.	2.2 NAME	
STREET ADDRESS	1110 MONROE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, STEPHEN L.	3.2 NAME	
STREET ADDRESS	1103 N. 11TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	3.4 CITY-ST-ZIP	
TITLE	AVP	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, S. H. JR.	4.2 NAME	
STREET ADDRESS	901 N. 18TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, SANDRA F.	5.2 NAME	
STREET ADDRESS	322 LIVE OAK LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	5.4 CITY-ST-ZIP	
TITLE	VPC	6.1 TITLE	☐ Change ☐ Addition
NAME	WRAGE, GARY	6.2 NAME	
STREET ADDRESS	3704 LAKE TRAFFORD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	6.4 CITY-ST-ZIP	

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)(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: [signature] V.P. 1-11-95 (813) 657-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034480 CP