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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 14 AM 9:10

DOCUMENT # 358585 (8)

1. Corporation Name  
**THE AMERICAN BANK OF THE SOUTH**

Principal Place of Business Mailing Address  
**101 NORTH PLUMOSA STREET  
PO BOX 540548 N/A  
MERRITT ISLAND FL 32954-0548  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/23/1970** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1301183** 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 **326 E. MERRITT ISLAND CSWY.** 26 **POST OFFICE BOX 540548**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **MERRITT ISLAND, FLORIDA** 28 **MERRITT ISLAND, FLORIDA**  
Zip Country Zip Country  
24 **32953** 25 **USA** 29 **32954-0548** 30 **USA**

9. Name and Address of Current Registered Agent  
**ADAMS DOROTHY E  
101 N PLUMOSA ST  
MERRITT ISLAND FL 32953**

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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VS</b>	<b>ADAMS, DOROTHY, E 101 N PLUMOSA ST MERRITT ISLAND FL</b>	1 1 TITLE <b>V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP <b>MERRITT ISLAND, FL 32953</b>	
TITLE <b>D</b>	<b>ROWE, MORRIS A. 690 RANGE RD COCOA FL</b>	2 1 TITLE <b>F/D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME <b>BOWDEN, DONALD L.</b>	
STREET ADDRESS		23 STREET ADDRESS <b>101 N. PLUMOSA STREET MERRITT ISLAND, FL 32953</b>	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE <b>SVT</b>	<b>HAID, SUSAN, E 101 N PLUMOSA ST MERRITT ISLAND FL</b>	3 1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME <b>CHASTAIN, --ANES D.</b>	
STREET ADDRESS		33 STREET ADDRESS <b>101 N. PLUMOSA STREET MERRITT ISLAND, FL 32953</b>	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE <b>D</b>	<b>GIOIA, G. LEONARD 255 FORTENBERRY ROAD MERRITT ISLAND FL</b>	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP <b>MERRITT ISLAND, FL 32952</b>	
TITLE <b>APD</b>	<b>KING, MAXWELL C 1384 WALTON HEATH CT ROCKLEDGE FL</b>	5 1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS <b>ROCKLEDGE, FL 32955</b>	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE <b>EVP</b>	<b>LUTHER, ROBERT A 101 S PLUMOSA ST MERRITT ISLAND FL</b>	6 1 TITLE <b>V/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME <b>PARKER, MARY P.</b>	
STREET ADDRESS		63 STREET ADDRESS <b>101 NORTH PLUMOSA STREET MERRITT ISLAND, FL 32953</b>	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equal that in Section 110.07(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: Dorothy E. Adams 4/11/95 (407) 452-5480  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Office #  
**Dorothy E. Adams, Vice President**

358585

**THE AMERICAN BANK OF THE SOUTH  
1995 CORPORATION ANNUAL REPORT  
ATTACHMENT - ADDITIONS/CHANGES  
at #12**

All Officers listed below have the same mailing address:  
**POST OFFICE BOX 540548  
MERRITT ISLAND, FL 32954-0548**

CHANGE(*) ADDITION(**)	<b>OFFICERS' NAME</b>	<b>TITLE - VICE PRESIDENT</b>
*	BEELER,GAYLE BURROUGHS,RUTH A	VICE PRESIDENT VICE PRESIDENT/AUDITOR/ COMPLIANCE & EDP SECURITY OFFICER
	DENNISON JR., EDWARD	VICE PRESIDENT
	LYERLY,MARTHA R	VICE PRESIDENT
	MRVOSH,JAMES F	VICE PRESIDENT
	NOWLIN,CYNTHIA A	VICE PRESIDENT
	PALMER,PATRICIA A	VICE PRESIDENT
	WALL,PATRICIA A	VICE PRESIDENT
	WILKINSON,LINDA A.	VICE PRESIDENT
	<b>OFFICERS' NAME</b>	<b>TITLE - ASSISTANT VICE PRESIDENT</b>
	EASTLING,SUZANNE S	ASSISTANT VICE PRESIDENT
	WIMBERLY,CHRISTINA M.	ASSISTANT VICE PRESIDENT
	<b>OFFICERS' NAME</b>	<b>TITLE - LOAN OFFICERS</b>
*	BLOOMER,JANICE L.	LOAN OFFICER
*	CRAWFORD, ALAN T.	CONSUMER LOAN OFFICER
	DOCKERY, PATRICIA A.	LOAN OFFICER
**	DUNAWAY, MARYSE G.	CONSUMER LOAN OFFICER
	LEDFORD,JUDITH A	LOAN REVIEW OFFICER
	<b>OFFICERS' NAME</b>	<b>TITLE - ASSISTANT/ADMINISTRATIVE</b>
*	BILLINGSLEY,TERESA	ASSISTANT OPERATIONS OFFICER
	EDMUNDS, EILEEN M.	ASSISTANT AUDITOR
	SEYMOUR,CYNTHIA A	ASSISTANT OPERATIONS OFFICER
	SHANE,CAROL R	ADMINISTRATIVE OFFICER
	TODD,SERITA	ASSISTANT OPERATIONS OFFICER
	YOUNG,LAUNA B	ASSISTANT OPERATIONS OFFICER

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CHANGE(*)/ ADDITION(**)	OFFICERS' NAME	TITLE -CUSTOMER SERVICE
	BORST,LINDA G	CUSTOMER SERVICE OFFICER
	CARILLION,CAROLE J	CUSTOMER SERVICE OFFICER
	CLEMENTS,ARLENE D	CUSTOMER SERVICE OFFICER
	COGNATA,NANCY A	CUSTOMER SERVICE OFFICER
**	DANIELSON, ADELE P.	CUSTOMER SERVICE OFFICER
	OLSEN,CHERYL P	CUSTOMER SERVICE OFFICER
	PARLOTTO,PAULINE M	CUSTOMER SERVICE OFFICER
	PICKEL,MARTHA	CUSTOMER SERVICE OFFICER
	SALBER, BARBARA L.	CUSTOMER SERVICE OFFICER
	VISLAY,HELEN F	CUSTOMER SERVICE OFFICER
	WOOD,WILMA E	CUSTOMER SERVICE OFFICER

**DIRECTORS**

- MORRIS A. ROWE  
220 KING STREET  
COCOA, FLORIDA 32922
  
- SEBRON E. KAY  
307 Magnolia Avenue  
MERRITT ISLAND, FL 32952