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

APPROVED AND FILED

95 MAY -1 AM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **567703** **(4)**

1. Corporation Name
FLORIDA BANCORPORATION, INC.

Principal Place of Business	Mailing Address
1026 FLORIDA AVE P.O. BOX 5087 PALM HARBOR FL 34683-309 US	1026 FLORIDA AVE P.O. BOX 5087 PALM HARBOR FL 34683-309 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/04/1978**
3a. Date of Last Report: **05/24/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-2074173**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc. 22 P.O. Box 1080	Suite, Apt. #, etc. 27 P.O. Box 1080	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Palm Harbor, FL	City & State 28 Palm Harbor, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 34682-1080 25	Zip / Country 29 34682-1080 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

BATT, HOWARD C
611 DRUID RD E SUITE 712
CLEARWATER FL 34616

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	D	11 TITLE	☒ Change ☐ Addition
NAME	DOCTOR, JOSEPH B, DO	12 NAME	
STREET ADDRESS	575 NUTT ROAD	13 STREET ADDRESS	384 Cottonwood Court
CITY-ST-ZIP	SPRING VALLEY OH	14 CITY-ST-ZIP	Fairborn, OH 45324
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	POSEVITZ, LASZLO, DO	22 NAME	
STREET ADDRESS	1220 RUNNYMEDE	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	24 CITY-ST-ZIP	
TITLE	PST	31 TITLE	☒ Change ☐ Addition
NAME	KOHLER, ROBERT L	32 NAME	
STREET ADDRESS	252 WOODLAKE WYNDE	33 STREET ADDRESS	2456 Appaloosa Trail
CITY-ST-ZIP	OLDSMAR FL	34 CITY-ST-ZIP	Palm Harbor, FL 34685
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, DAVID	42 NAME	
STREET ADDRESS	7131 WHITE WATER CT	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	OHLMANN, WALTER	52 NAME	
STREET ADDRESS	3112 WINTERHAVEN	53 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STAH, HAROLD	62 NAME	
STREET ADDRESS	5459 FOLKSTONE DR	63 STREET ADDRESS	
CITY-ST-ZIP	CENTERVILLE OH	64 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: Robert L. Kohler 4/26/95 (813)785-0819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone)

CP