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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F94883** **(8)**

1. Corporation Name
EAST COAST BANK CORPORATION

Principal Place of Business	Mailing Address
1400 OCEAN SHORE BLVD. ORMOND BEACH FL 32176-0613	P.O. BOX 4318 ORMAOND BEACH FL 32175-4318 US

3. Date Incorporated or Qualified: 08/17/1982
3a. Date of Last Report: 06/12/1996
4. FEI Number: 59-2213481 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROUGHER, THOMAS A.
1400 OCEAN SHORE BLVD
ORMOND BEACH FL 32074

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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAYO, HOWARD A, JR		1.2 NAME		
STREET ADDRESS	1400 OCEAN SHORE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	DPS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LEONARD H		2.2 NAME		
STREET ADDRESS	PO DRAWER 1047 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, HJALMA E		3.2 NAME		
STREET ADDRESS	509 HALE ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 00000		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROUGHER, THOMAS A.		4.2 NAME		
STREET ADDRESS	24 SOVEREIGN LN.		4.3 STREET ADDRESS	2800 John Anderson Drive	
CITY-ST-ZIP	ORMOND BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DANA V.		5.2 NAME		
STREET ADDRESS	735 1/2 N. WILD OLIVE AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EHRINGER, GERALD L.		6.2 NAME		
STREET ADDRESS	1182 OCEAN SHORE BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH 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 added by amendment with an address.

SIGNATURE 4-10-97 (Required) 434