

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 3:58

DOCUMENT # H89732

(2)

1. Corporation Name

CITY FIRST BANK

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/12/1985

3a. Date of Last Report

03/11/1994

4. FEI Number

59-2599797

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 405 N. Westshore Blvd.

2a. Mailing Address

26 405 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Tampa, FL Florida

24 33609

Country

27 City & State

28 Tampa, FL Florida

29 33609

Country

9. Name and Address of Current Registered Agent

Thomas D. Casper
7427 Bay Drive
Tampa, Florida 33635

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	LEVARGE, F. R.
STREET ADDRESS	3535 VILLAGE WAY
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	CAMPBELL, ROBERT
STREET ADDRESS	5220 SPRUCE STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	CASPER, THOMAS D.
STREET ADDRESS	7427 BAY DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	BERGMANN, CHARLES E.
STREET ADDRESS	1205 MAGDALENE GROVE AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	MEISTER, HENRY W.
STREET ADDRESS	3123 MOSS VALE LANE
CITY-ST-ZIP	TAMPA FL
TITLE	VS
NAME	SCHMIDT, FRANK JR.
STREET ADDRESS	3075 41ST WAY SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. R. LoVargo

1/12/95 (813) 289-3333

TYPE

Typed Name #

0202770 CP

**BLOCK 12; Additional names and addresses of each Officer and
Director as of December 31, 1994;**

**D
Bernell Gardner
1002 Taray DeAvila
Tampa, Florida 33613**

**C/D
Daniel B. Curtis
2430 Sunset Drive
Tampa, Florida 33609**

**D
Mark Curry Jr.
4426 Clear Avenue
Tampa, Florida 33629**