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Apr 01, 1999 8:00 am
Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1999

DOCUMENT # H89732

1. Corporation Name
CITY FIRST BANK

Principal Place of Business
405 N. WESTSHORE BLVD.
TAMPA FL 33609

Mailing Address
405 N. WESTSHORE BLVD.
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1985

4. FEI Number
59-2599797

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASPER, THOMAS D
7427 BAY DRIVE
TAMPA FL 33635

81 Name
STRAZ, DAVID A., JR.
82 Street Address (P.O. Box Number is Not Acceptable)
4805 SWANN AVENUE

84 City TAMPA FL 85 Zip Code 33609

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

(NOTE: Registered Agent signature required when reinstating)

3/26/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP DELETE
NAME LE VARGE, F.R.
STREET ADDRESS 3535 VILLAGE WAY
CITY-ST-ZIP TAMPA FL 33629

1.1 TITLE D Change Addition
1.2 NAME STRAZ, DAVID A., JR.
1.3 STREET ADDRESS 3805 SWANN AVENUE
1.4 CITY-ST-ZIP TAMPA FL 33609

TITLE DS DELETE
NAME CASPER, THOMAS D
STREET ADDRESS 7427 BAY DRIVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE D Change Addition
2.2 NAME GARDNER, BERNELL D.
2.3 STREET ADDRESS 1002 TARAY DEAVILA
2.4 CITY-ST-ZIP TAMPA FL 33613

TITLE D DELETE
NAME BERGMANN, CHARLES E
STREET ADDRESS 1205 MAGDALENE GROVE AVE.
CITY-ST-ZIP TAMPA FL

3.1 TITLE D Change Addition
3.2 NAME CURRY, MARK W., JR.
3.3 STREET ADDRESS 4426 CLEAR AVENUE
3.4 CITY-ST-ZIP TAMPA, FL 33629

TITLE D DELETE
NAME MEISTER, HENRY W
STREET ADDRESS 3123 MOSS VALE LANE
CITY-ST-ZIP TAMPA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD DELETE
NAME LE VARGE, LINCOLN S
STREET ADDRESS 607 LUZON AVE.
CITY-ST-ZIP TAMPA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VS DELETE
NAME SCHMIDT, FRANK JR.
STREET ADDRESS 3675 41ST WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE VS Change Addition
6.2 NAME MUSTARD, LINDA S.
6.3 STREET ADDRESS 1399 S. BELCHER ROAD, LOT 193
6.4 CITY-ST-ZIP LARGO FL 34641

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99
Date

813-289-3333
Daytime Phone #

CR2F034 (1/98)