

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J53035** (8)

1. Corporation Name

THE TAMPA BANKING COMPANY

Principal Place of Business

**601 BAYSHORE BLVD
TAMPA FL 33606
US**

Mailing Address

**C/O A. GERALD DIVERS
P. O. BOX ONE
TAMPA FL 33601
US**

3. Date Incorporated or Qualified
01/21/1987

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-2775258

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIVERS, A. GERALD
601 BAYSHORE BOULEVARD
TAMPA FL 33606**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE **D** ☒ Change ☐ Addition

NAME **BLANCHARD, G. ROBERT**
STREET ADDRESS **201 E. KENNEDY BLVD**
CITY-STATE-ZIP **TAMPA FL**

12 NAME **Blanchard, G. Robert**
13 STREET ADDRESS **1414 Swann Avenue, Suite 201**
14 CITY-STATE-ZIP **Tampa, FL 33606**

TITLE **D** ☐ DELETE

2.1 TITLE **V** ☐ Change ☒ Addition

NAME **DAVIS, CHARLES M. JR.**
STREET ADDRESS **5521 W CYPRESS ST**
CITY-STATE-ZIP **TAMPA FL**

22 NAME **Peter W. Minford**
23 STREET ADDRESS **4400 N. Armenia Avenue**
24 CITY-STATE-ZIP **Tampa, FL 33604**

TITLE **PD** ☐ DELETE

3.1 TITLE **T** ☐ Change ☒ Addition

NAME **DIVERS, A. GERALD**
STREET ADDRESS **601 BAYSHORE BOULEVARD**
CITY-STATE-ZIP **TAMPA FL**

32 NAME **Ronald V. Hernandez**
33 STREET ADDRESS **601 Bayshore Boulevard**
34 CITY-STATE-ZIP **Tampa, FL 33606**

TITLE **D** ☐ DELETE

4.1 TITLE **S** ☐ Change ☒ Addition

NAME **FERMAN, JAMES L., JR**
STREET ADDRESS **1307 W. KENNEDY BLVD.**
CITY-STATE-ZIP **TAMPA FL**

42 NAME **Barbara A. Diamond**
43 STREET ADDRESS **601 Bayshore Boulevard**
44 CITY-STATE-ZIP **Tampa, FL 33606**

TITLE **D** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **GRAY, JAMES W., JR**
STREET ADDRESS **5405 CYPRESS CENTER DR., #250**
CITY-STATE-ZIP **TAMPA FL**

52 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **BEXLEY, JR. S C.**
STREET ADDRESS **6332 WISTERIA LOOP**
CITY-STATE-ZIP **LAND O'LAKES FL**

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS

64 CITY-STATE-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)(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:

Barbara A. Diamond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara A. Diamond, Secretary

1/26/96

Date

(813)872-1267

Daytime Phone #

CR2E034 (12/95)