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FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # J53035 (8)

1. Corporation Name
THE TAMPA BANKING COMPANY

Principal Place of Business	Mailing Address
601 BAYSHORE BLVD TAMPA FL 33606 US	C/O A. GERALD DIVERS P. O. BOX ONE TAMPA FL 33601 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1987

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIVERS, A. GERALD
601 BAYSHORE BOULEVARD
TAMPA FL 33606

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	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	BLANCHARD, G. ROBERT		1.2 NAME		
STREET ADDRESS	1414 SWANN AVENUE, SUITE 201		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	33606	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, CHARLES M. JR.		2.2 NAME		
STREET ADDRESS	4600 W. CYPRESS ST.		2.3 STREET ADDRESS	Suite 200	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	33607	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	DIVERS, A. GERALD		3.2 NAME		
STREET ADDRESS	601 BAYSHORE BOULEVARD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	33606	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	FERMAN, JAMES L., JR		4.2 NAME		
STREET ADDRESS	1307 W. KENNEDY BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	33606	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	GRAY, JAMES W., JR		5.2 NAME		
STREET ADDRESS	4315 BEACH PARK DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	33609	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	BEXLEY, JR. S C.		6.2 NAME		
STREET ADDRESS	6332 WISTERIA LOOP		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES FL		6.4 CITY-ST-ZIP	34639-0877	

CR2E034 (10/97)

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.

SIGNATURE: Barbara A. Diamond — Barbara A. Diamond — 2/4/98 — 813/872-1267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #