

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/21/1987	
4. FEI Number 59-2775258		5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution ☐		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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	
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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

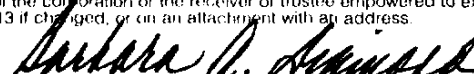
Signature, typed or printed name of registered agent and title if applicable

(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	☐ 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	33606
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	33606
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	33609
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	8332 WISTERIA LOOP	6.3 STREET ADDRESS	34639-0877
CITY-ST-ZIP	LAND O' LAKES FL	6.4 CITY-ST-ZIP	34639-0877

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** 2/4/98 813/872-1267

CR2E034 (10/97)