

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:10

DOCUMENT # **J82982** (6)

1. Corporation Name  
**FIRST SEMINOLE BANK**

Principal Place of Business Mailing Address  
**3505 W. LAKE MARY BLVD.  
P.O. BOX 951629  
LAKE MARY FL 32795-6629  
US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **02/22/1988** 3a. Date of Last Report **01/19/1994**  
4. FEI Number **59-2876059** 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

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**COURSON, D. H.  
3505 W. LAKE MARY BLVD.  
SECTION 609.034 (2)  
LAKE MARY FL 32748**

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 \_\_\_\_\_  
Registered Agent signature required when replacing

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>ADLER, GEORGE J.</b>
STREET ADDRESS	<b>213 THISTLEWOOD CIR.</b>
CITY, ST, ZIP	<b>LONGWOOD FL</b>
TITLE	<b>D</b>
NAME	<b>BENNETT, DALE C.</b>
STREET ADDRESS	<b>304 CYNTHIA CT.</b>
CITY, ST, ZIP	<b>MAITLAND FL</b>
TITLE	<b>D</b>
NAME	<b>EIDEL, HELMUTH L.</b>
STREET ADDRESS	<b>1260 ALABAMA DR.</b>
CITY, ST, ZIP	<b>WINTER PARK FL</b>
TITLE	<b>D</b>
NAME	<b>HARKINS, CHARLES W.</b>
STREET ADDRESS	<b>750 MARKHAM WOODS RD</b>
CITY, ST, ZIP	<b>LONGWOOD FL</b>
TITLE	<b>DC</b>
NAME	<b>HATTAWAY, JAMES M.</b>
STREET ADDRESS	<b>900 ARABIAN AVE.</b>
CITY, ST, ZIP	<b>WINTER SPRINGS FL</b>
TITLE	<b>VS</b>
NAME	<b>JEUCK, STEPHEN R.</b>
STREET ADDRESS	<b>471 KENTIA RD.</b>
CITY, ST, ZIP	<b>CASSELBERRY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>280 NEW GATE LOOP</b>
43. STREET ADDRESS	<b>HEATHROW, FL 32746</b>
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information reported in this annual report or governmental 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 appeared in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Stephen R. Jeuck* 02/22/95 407/330-0330  
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**Stephen R. Jeuck**