FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J83024 (6)

1. Corporation Name
THE TERRACE BANK OF FLORIDA

Principal Place of Business	Mailing Address
5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA FL 33687-6828 US	5140 EAST FOWLER AVENUE P.O. BOX 16828, TEMPLE TERRACE, 33687 TAMPA FL 33687-6828 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/10/1987
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 59-2689717 ☐ 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
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	1.1 TITLE	V	☐ Change ☑ Addition
NAME	DEWEESE, WILLIAM O.	1.2 NAME	DONAHOE, KAREN L	
STREET ADDRESS	4033 PRIORY CIR.	1.3 STREET ADDRESS	4804 SAN MIGUEL ST	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	CD	2.1 TITLE	V	☐ Change ☑ Addition
NAME	PUFFER, JOHN W., III	2.2 NAME	MCCARTHY, JOHN J	
STREET ADDRESS	3013 VILLA ROSA PK	2.3 STREET ADDRESS	5110 STONEHURST RD	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	RINK, WESLEY W.	3.2 NAME	PORTER, CHARLES G	
STREET ADDRESS	523 GARRARD DR.	3.3 STREET ADDRESS	4901 W HANNA AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	ROSS, ANN M.	4.2 NAME	AGLIANO, DENNIS S	
STREET ADDRESS	606 S. RIVERHILLS DR.	4.3 STREET ADDRESS	4922 ST. CROIX	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	PD	5.1 TITLE	D	☐ Change ☑ Addition
NAME	WINTON, DOUGLAS	5.2 NAME	SMITH, DAVID J	
STREET ADDRESS	6603 GLENCOE DR	5.3 STREET ADDRESS	4810 E BUSCH BLVD SUITE H	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	V	6.1 TITLE	D	☐ Change ☐ Addition
NAME	MAXWELL, CONNIE	6.2 NAME	KLUFT, GERALD M	
STREET ADDRESS	14802 NO FLORIDA AVE K176	6.3 STREET ADDRESS	16409 AVILA BLVD	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL 33613	

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)(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 any attachment with an address.

SIGNATURE: Connie Maxwell CONNIE MAXWELL 4/11/95 813/985-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444818 FP